MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216 · 105 · 016 · 132

PLACE OF BIRTH

Form V. S. [redacted] 15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Town Albion

No. ..... St.

Hospital At home

Registration District No. .....

File No. 41963

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ramond Clay Sawyers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May (Month) 5th (Day) 1900 (Year)

FATHER		MOTHER	
FULL NAME	Jessie Adam Sawyers	FULL MAIDEN NAME	Zella Albertson Bris[illegible]
RESIDENCE	Albion Idaho	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	~~32~~ 17 (Years)
BIRTHPLACE	Ft Worth Texas	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	domestic.

Number of child of this mother, including present birth 1 one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Zella Albertson Sawyers

Dr R. T. Story (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Albion Idaho.

Filed Feb. 1921

..... Registrar

..... Registrar

S-Y-CO 38071

APR

FILED 1916

769-221-001-466

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 407 Bannock St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 69712

Registered No. 176

Full Name of Child Ruth W. Poindexter

SEX OF CHILD female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 21st (Day) 1900 (Year)

FATHER		MOTHER	
FULL NAME	Chas. W. Poindexter	FULL MAIDEN NAME	Mary A. Dooley
RESIDENCE	Boise City Ida.	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	State of Maine	BIRTHPLACE	Montana
OCCUPATION	Deputy State Treasurer ~~Merchant~~	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 Oct. a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

— Physician —
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address City 1001 State St.

Filed 6/14 1919 L. P. Pfirman
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

August 21, 1933

To the State Bureau of Vital Statistics:

We request that an item on our birth certificates be corrected. The item occupation of father should read as follows: Deputy State Treasurer

We affirm that at the time of our births our father, the late Charles W. Poindexter, was employed in the capacity of Deputy State Treasurer of the State of Idaho. As evidence thereof we hold the original copy of his surety bond, issued by the Fidelity and Deposit Company of Maryland.

Signed: Ruth Wadsworth Poindexter

Ruth Wadsworth Poindexter

Samuel Marshall Poindexter

Samuel Marshall Poindexter

Subscribed and sworn to before me this 24th day of August, 1933.

Frank W Jameson

Notary Public for Idaho
residing at Boise, Idaho.

291 130 [redacted]

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 12 1922 BUREAU

CERTIFICATE OF BIRTH

104246-A

County of Lincoln (New Gooding)

City of Toponis (Now Gooding)

No. ---------- St. Registration District No. ..... File No. 104246

Hospital ---------- Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jesse Braga
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 30 1900

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth One

	FATHER		MOTHER
FULL NAME	Antone C. Braga	FULL MAIDEN NAME	Mary Ann Silva
RESIDENCE	Gooding, Idaho.	RESIDENCE	Gooding, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Sao Miguel, Azores Islands	BIRTHPLACE	Pico, Azores Islands
OCCUPATION	Farmer	OCCUPATION	--------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Antonio C Braga
(Father)
~~(Physician or midwife)~~

Address Gooding, Ida

Filed Sept 12 1922 F W Almond M.D. State Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-218-018-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 6 1922

CERTIFICATE OF BIRTH

107125

County of Clearwater

City of Pierce

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD King Hong
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 18 (Year) 1900
Female			

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hong Sing	FULL MAIDEN NAME	Hong See
RESIDENCE		RESIDENCE	
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reichenbach Agnes

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed Jan 2 1923 F W Almond State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1949

JUN 7 1950

463-103-009-463

PLACE OF BIRTH

RECEIVED JAN 2 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Hope.

No. ..... St.

Hospital .....

Registration District No. 80

Primary Registration District No. 2157

File No. 2 107455

Registered No. 59

FULL NAME OF CHILD Henry Chin Hot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 3 (Day) 1900 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Hot	FULL MAIDEN NAME	May Hot
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) May Hot

Mother (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 4429-39 ave So, Seattle, Wash.

Filed 12-26 1922 John Larson

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-223-00-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 2 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 135073

County of Bonneville

City of Idaho Falls

No. — St. Registration District No. State File No. 135073

Hospital Residence Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Jeanette Lauretta Jardine
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb. 23 1900 (Month) (Day) (Year)

What bactericidal solution was used in eyes? —

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Francis Jardine	FULL MAIDEN NAME	Susan Gillis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Toronto Ont. Can.	BIRTHPLACE	Blythe, Ont. Canada
OCCUPATION	Salesman	OCCUPATION	Home Duties

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3 P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Susan Jardine
Mother
(Physician or midwife)

Give names added from a supplemental report.

, 192

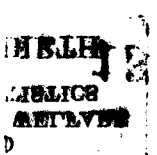
Registrar.

Address

Filed Nov 2 1925 — David Burrell
Stat Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WE
BUREAU OF VITAL STATIS

RECEIVED
FEB 3, 1926
BUREAU OF VITAL STATISTICS

County of Ada

City of South Boise

CERTIFICATE OF BIRTH

No. 291 116 091 133 St. Registration District No. 2 State File No. 137920

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. .....

FULL NAME OF CHILD Fredrick Raymond Krall
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	March 16 1900

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth first

FATHER		MOTHER	
FULL NAME	Louis Krall	FULL MAIDEN NAME	Julia Ann Allen
RESIDENCE	South Boise Idaho	RESIDENCE	South Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Middleton Idaho	BIRTHPLACE	Bloomington Neb.
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4:15 P M March 16 1900 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

Julia Krall Nelson, 192 .....

Registrar.

(Signature) Julia Krall Nelson
mother.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 8 1926 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JUL 16 19

319 229 028 754

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STAT[redacted]

CERTIFICATE OF B[redacted]

No. ..... St. Registration District No. ..... State File No. 142915

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruby Pauline Marie Larsen
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth March 26, 1900 (Month) (Day) (Year)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ewald Marius Larsen	FULL MAIDEN NAME	Marie N. Pedersen
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 7.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192

..... Registrar.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Address Rathdrum Idaho

Filed JUL 16 1926 192 David Burrell
State Registrar.

BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
915 203 028 244
County of Kootenai
City of Medimont
No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 142927

Registration District No. ..... State File No. 142927

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Madge Raney
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec. 3 1900.

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Henry Raney	FULL MAIDEN NAME: Mary Ervilla Sumner.
RESIDENCE: Medimont, Idaho.	RESIDENCE: Medimont, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Birmingham, Iowa	BIRTHPLACE: Clinton, Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Born dead~~} **at** 11:00 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... **Registrar.**

(Signature) William Henry Raney
Father.
(Physician or midwife)

Address .....

Filed 6/5 1926 Day Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 13 1926

PLACE OF BIRTH Lake County
313-229014-122 Middletown, Calif.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

146785

County of Canyon
City of Caldwell
No. 315 Aven Avenuest. Registration District No. 3 State File No.
Hospital Primary Registration District No. 1005 Local Registrar's No. 186

FULL NAME OF CHILD Inez May Callaway
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		Yes	Nov. 29 1900 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Abner Kenton Callaway	FULL MAIDEN NAME: Adah May Asbill
RESIDENCE: 315 Aven Avenue — Caldwell - Idaho	RESIDENCE: Caldwell - Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ada County, Idaho	BIRTHPLACE: Lake County, California
OCCUPATION:	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Dr. Stevenson
By Adah Callaway
Caldwell (Physician or midwife)
Address Middletown - California Idaho

Filed 11-30- 1926 John S. Meyers
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

146785

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
381-124021-415
County of Franklin
City of Franklin
No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 151387

Registration District No. ..... State File No. 151387
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD KENNETH WILLIAM CHALLIS
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 24 1900

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	William A. N. Challis	FULL MAIDEN NAME	Ada Davis
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Northampton · England	BIRTHPLACE	Herefordshire England
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / [illegible] } at 5-30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) William A. N. Challis
Ada A. Challis (Parents)
(Physician or midwife)

Address 32 Chesnut-Grove · Waverlee · Liverpool Eng

Filed June 8 1927 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-15-207 040-485

PLACE OF BIRTH

RECEIVED NOV 21 1927

County of Shoshone

City of Mullan

No. 1 St. Registration District No. State [redacted] 156481

Hospital Primary Registration District No. Local Registrar's No.

STATE OF IDA[redacted]
DEPARTMENT OF PUBLI[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF [redacted]

FULL NAME OF CHILD Mildred Angele Greenough
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 7 1900

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Wilbur Drake Greenough	FULL MAIDEN NAME: Agnes Myers Greenough
RESIDENCE: Mullan, Idaho. (now Spokane, Washington)	RESIDENCE: Mullan, Idaho. (now deceased)
COLOR: White AGE AT LAST BIRTHDAY: Born 1874 26 (Years)	COLOR: White AGE AT LAST BIRTHDAY: Born 1877 23 (Years)
BIRTHPLACE: Cherryvale Kansas	BIRTHPLACE: Quincy, Illinois
OCCUPATION: Retail grocer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated. No physician. Miss Moxstead midwife, deceased.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) [redacted]

(Physician or midwife) Father

Address LaNelda Apartments
Spokane, Washington.

, 192

Registrar.

Filed NOV 21 1927 192

Registrar.

over

Names and present addresses of four people who know of birth an
are acquainted with information given on the within certificate:

Mrs Joseph Carson, Mullan, Idaho.
Mrs Dr. Keys, Mullan, Idaho.
Mrs J. T. Hosey, San Diego, California.
J. B. Greenough, Lander, Wyoming.

791.101 016.344
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

164639

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD John Golden Gray

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Sept 1 (Month) (Day) 1900 (Year)

	FATHER	MOTHER
FULL NAME	John Leigh Gray	FULL MAIDEN NAME Goldie Estella Cummins
RESIDENCE	Marion Ida	RESIDENCE Marion Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE Grantsville Utah
OCCUPATION	Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive or stillborn)

{ If there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Goldie E. Gray Lake

J. Mather (Physician or midwife)

Address Baine Idaho

Filed Oct 10 1928 David Burrell State Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

943-015-008-763

PLACE OF BIRTH

RECEIVED NOV 13 1928

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2

County of Boise (now Valley Co.) CERTIFICATE OF BIRTH

165353

City of Van Wyck Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Neva Martha Rutledge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 15 1900

FATHER	MOTHER
FULL NAME: Richard Haney Rutledge	FULL MAIDEN NAME: Mary Alta Pottenger
RESIDENCE: Van Wyck, Idaho	RESIDENCE: Van Wyck, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Onarga, Illinois	BIRTHPLACE: Oswego, Kansas
OCCUPATION: School teacher	OCCUPATION: Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 15 1900 at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard Haney Rutledge
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address 2864 Fowler Ave Ogden Utah

Filed NOV 13 1928 19 Lovell Burrell State Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864 120-003 962

PLACE OF BIRTH

RECEIVED DEC 8 1928

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ~~Home~~ St.

Hospital Home

Registration District No. ..... File No. 166014

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lester Harry Houdyshell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	June 20. 1928

FATHER		MOTHER	
FULL NAME	William M. Houdyshell	FULL MAIDEN NAME	Hepsabeth Robinson
RESIDENCE	Dempsey Ida	RESIDENCE	Dempsey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ottumwa Iowa	BIRTHPLACE	White Rock Kans
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William M Houdyshell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address New Plymouth Idaho

Filed Dec 8 1928 C. K. Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED APR 4 1929

County of Kootenai

City of St. Maries, Idaho

No. ..... St.

963 222 028 713

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 169145

Registration District No. 2 044 State File No. 1

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Rose Rochat
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	October 22, 1900 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Paul Rochat	FULL MAIDEN NAME Leah Jacot
Residence (Usual place of abode) St. Maries, Ida.	Residence (Usual place of abode) St. Maries, Ida.
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 33 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace St. Paul, Minn. (City and State or Country)	Birthplace Canton Neuchatel, Switzerland (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 6 A. M. on the date above stated.

(Signature) Paul Rochat

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address St. Maries, Idaho

Filed APR 4 1929 C. K. Macey State Registrar.

JUN 16 1942

694-114-022-259

RECEIVED MAY 23 1929

PLACE OF BIRTH

County of Fremont

City of Hibbard Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 170933

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Preston Widdison
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	July 14 (Month) (Day) 1900 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Cryo oil

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Robert Wilding Widdison	FULL MAIDEN NAME Elizebeth Jane Berry
Residence (Usual place of abode) Newdale Ida	Residence (Usual place of abode) Newdale Ida
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 23 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Salt Lake City Utah (City and State or Country)	Birthplace Newton Utah (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 12 P.M. on the date above stated.

(Signature) Mrs Elizebeth Jane Widdison
Mother

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed MAY 23 1929 C. K. Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 12 1930

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

363 208 (27 [illegible]

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 177813

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frankie Laverna Collins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 8th 1900

What prophylactic was used to prevent Ophthalmia Neonatorum? Lysol

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead nil Stillborn nil

FATHER		MOTHER	
FULL NAME	George Huse Collins	FULL MAIDEN NAME	Daisy Mamie Frazier
Residence (Usual place of abode)	Moscow, Idaho,	Residence (Usual place of abode)	Moscow, Idaho,
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	24	Age at last Birthday (Years)	19
Birthplace (City and State or County)	Elk Point, S. Dakota	Birthplace (City and State or County)	Moscow, Idaho,
Occupation	Lumberman	Occupation	Housewife,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at two A. M. on the date above stated.

(Signature) Mrs Hattie Collins

Midwife,
(Physician or midwife)

Address Moscow, Idaho,

Filed Feb. 12 1930 Bessie N Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 7 1930

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 177816

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Orlow Kiers

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec 24 1930

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living one

Born alive but now dead one Stillborn .....

FATHER	MOTHER
FULL NAME John M Kiers	FULL MAIDEN NAME Bertha D Stone
Residence (Usual place of abode) Wardner Ida	Residence (Usual place of abode) Wardner Ida
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 35 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace Albany N.Y. (City and State or Country)	Birthplace Elizabeth Ill. (City and State or Country)
Occupation Diamond Driller	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated. Dr Francis (deceased) (Signature) Bertha D Kiers

Parent

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 900 E Main St Portland, Ore.

Filed Feb. 14 1930 Bessie N Lepper Registrar.
State

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1930

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180052

Prim. Registration District No. ..... Local Registrar's No. 180052

FULL NAME OF CHILD Rex Thomas Henson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	first	Yes	August 23. 1900

What prophylactic was used to prevent Ophthalmia Neonatorum? Credé

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME George B. Henson	FULL MAIDEN NAME Ida Belle Hurt
Residence (Usual place of abode) Ashton, Idaho	Residence (Usual place of abode) Ashton, Idaho
If nonresident, give place and State —	If nonresident, give place and State —
Color or race white Age at last Birthday 27 (Years)	Color or race white Age at last Birthday 23 (Years)
Birthplace Mo (City and State or Country)	Birthplace Mo. (City and State or Country)
Occupation School Teacher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5:00 A. M. on the date above stated.

(Signature) Frank Henry

Physician

(Physician or midwife)

Address Ashton, Idaho.

Filed May 1 1930 Bessie M Epper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF BIRTH

180025

BUREAU OF VITAL STATISTICS
DEPARTMENT OF PUBLIC WELFARE
STATE OF IDAHO

DEC 10 1957

PLACE OF BIRTH

DEC 16 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 7 1930

County of

City of Nampha

No. 469 123 014 156 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180926

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Arthur Wesley Morden
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M			3 23 1930

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3d (a) Born alive and now living 2d

Born alive but now dead one Stillborn none

FATHER		MOTHER	
FULL NAME	John Morden	FULL MAIDEN NAME	Susan Razza
Residence (Usual place of abode)	Nampha Idaho	Residence (Usual place of abode)	Nampha Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	W
Age at last Birthday (Years)	32	Age at last Birthday (Years)	23
Birthplace (City and State or County)	Ontario Canada	Birthplace (City and State or County)	Ontario Canada
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at Nampha Idaho M. on the date above stated.

(Signature) John Morden
Father
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Lamb Michigan

Filed June 7 1930 Bessie N Lepper
State Registrar.

RECEIVED JUN 7 1930

The name and address of three witnesses who knew of the birth of the said Arthur Wesley Morden at that time are as follows.

Name

Mrs. Givens
Mrs Douglas
Mrs Bennet

address
Nampha
Idaho

Please send two Copys

A W Morden
Lamb mich

283-163-035-265

187677

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 303 2nd Ave. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 187697

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HAROLD ALONZO KYTE

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	JULY 13 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME HERBERT FROST KYTE	FULL MAIDEN NAME MARY BOND
Residence (Usual place of abode) LEWISTON IDAHO	Residence (Usual place of abode) LEWISTON IDAHO
If non-resident, give place and State	If non-resident, give place and State .....
Color or race WHITE Age at last Birthday 34 (Years)	Color or race WHITE Age at last Birthday 32 (Years)
Birthplace JANESVILLE WISC (City and State or County)	Birthplace Marshall County, Iowa (City and State or County)
Occupation TELEGRAPH OPERATOR	Occupation HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 AM M. on the date above stated.

(Signature) Mary Bond Kyte

Mother

(Physician or midwife)

Address Yakima, Wash.

Filed 2/16 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1954

Idaho

Idaho

DELIVERED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

141-218-028-366
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

189194

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leta Zoe Adams
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: April 18. (Month) (Day) 1900 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Stephen M. Adams

Residence (Usual place of abode) Rathdrum, Ida

If nonresident, give place and State —

Color or race wh. Age at last Birthday 26 (Years)

Birthplace Iowa (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Nellie J. Cook

Residence (Usual place of abode) Rathdrum Ida.

If nonresident, give place and State —

Color or race white Age at last Birthday 25 (Years)

Birthplace Iowa (City and State or Country)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6.00 A. M. on the date above stated.

(Signature) Frank Henry

Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed Jan 1923

MARCH 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 718 431
County of Ada 001-714
City of Meridian
No. Lake St.
home
(If born in hospital or institution give name.)

STATE OF IDA[illegible] 89305
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Donald Edgar Payne

3. Sex Male | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } | 6. Premature _____ Full term X | 7. Legitimate? yes | 8. Date of birth Dec. 31, 1920 (MONTH, DAY, YEAR)

FATHER

9. Full name Edgar James Payne
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Sept. 1, 1901
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Daisy Edna Badley [illegible]
19. Residence (usual place of abode) (If non-resident, give place and State) Meridian
20. Color or race white 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Whiterock, Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. school-teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work April, 1920
26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
28. If stillborn, period of gestation _____ { months or weeks }
29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 4 P.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Daisy B. Payne, Mother
or (Dr. [illegible]), Midwife
Address Meridian, Idaho
Filed 3/27/31, 193___

Give name added from a supplemental report _____ (DATE OF)

Registrar. _____ Registrar.

duplicate of 252469-1900

190044

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce.

City of Lewiston Idaho.

No. Main St.

854 209 035 349

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **190044**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ellen Rae Hemming (Hemming)

(If stillborn, substitute the word "stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	February 9th 1900

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Yes.

Number of child of this mother, including present birth, first (a) Born alive and now living Yes.

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Harry Hemming	FULL MAIDEN NAME	Frances Adelaide Cundiff
Residence (Usual place of abode)	Lewiston Idaho	Residence (Usual place of abode)	Lewiston Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	English	Color or race	English
Age at last Birthday (Years)	30	Age at last Birthday (Years)	25
Birthplace (City and State or County)	Leamington England	Birthplace (City and State or County)	Redonville Western Canada
Occupation	Saloon Keeper Barber	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

X (Signature) C W Straff

..... M.D.

(Physician or midwife)

Address Lewiston Idaho

Filed Jan 1923

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP 20 1944

FILED MAY 1931

DELAYED

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 190537

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. ____ St.
639-211025-469
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Reeta Belle Oliver

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth June 11, 1900 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Bert Howard Oliver	18. Full maiden name Laura Lucinda Morrison
10. Residence (usual place of abode) (If non-resident, give place and State) ____	19. Residence (usual place of abode) (If non-resident, give place and state) ____
11. Color or race white 12. Age at last birthday 31 (years)	20. Color or race white 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Holt County Missouri	22. Birthplace (city or place) (State or country) Osborne County Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ____, 19__ 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work ____, 19__ 26. Total time (years) spent in this work 3½

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (DATE OF)

(Signed) ____ ~~M. D.~~
or Bert Howard Oliver ~~Midwife~~
Address Cottonwood Idaho
Filed May, 1931

____ Registrar.

____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 29 1931

191733

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 191733

1. PLACE OF BIRTH
County of Kootenay
City of Calburn
No. Idaho St.
0263-210028-213
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edith Katharine Kolstad

3. Sex Girl | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth May 10, 1900 (MONTH, DAY, YEAR)

FATHER
9. Full name Andrew A Kolstad
10. Residence (usual place of abode) (If non-resident, give place and State) Calburn Idaho
11. Color or race White 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country) Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. In City of Sandpoint Ida
16. Date (month and year) last engaged in this work May 10, 1900
17. Total time (years) spent in this work 8 yrs

MOTHER
18. Full maiden name Anna Cristina Kolstad
19. Residence (usual place of abode) (If non-resident, give place and State) Calburn
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At Home
25. Date (month and year) last engaged in this work May 10, 1900
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn None

28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 10 at 5 p.m. on the date above stated.
(BORN ALIVE ~~OR STILLBORN~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

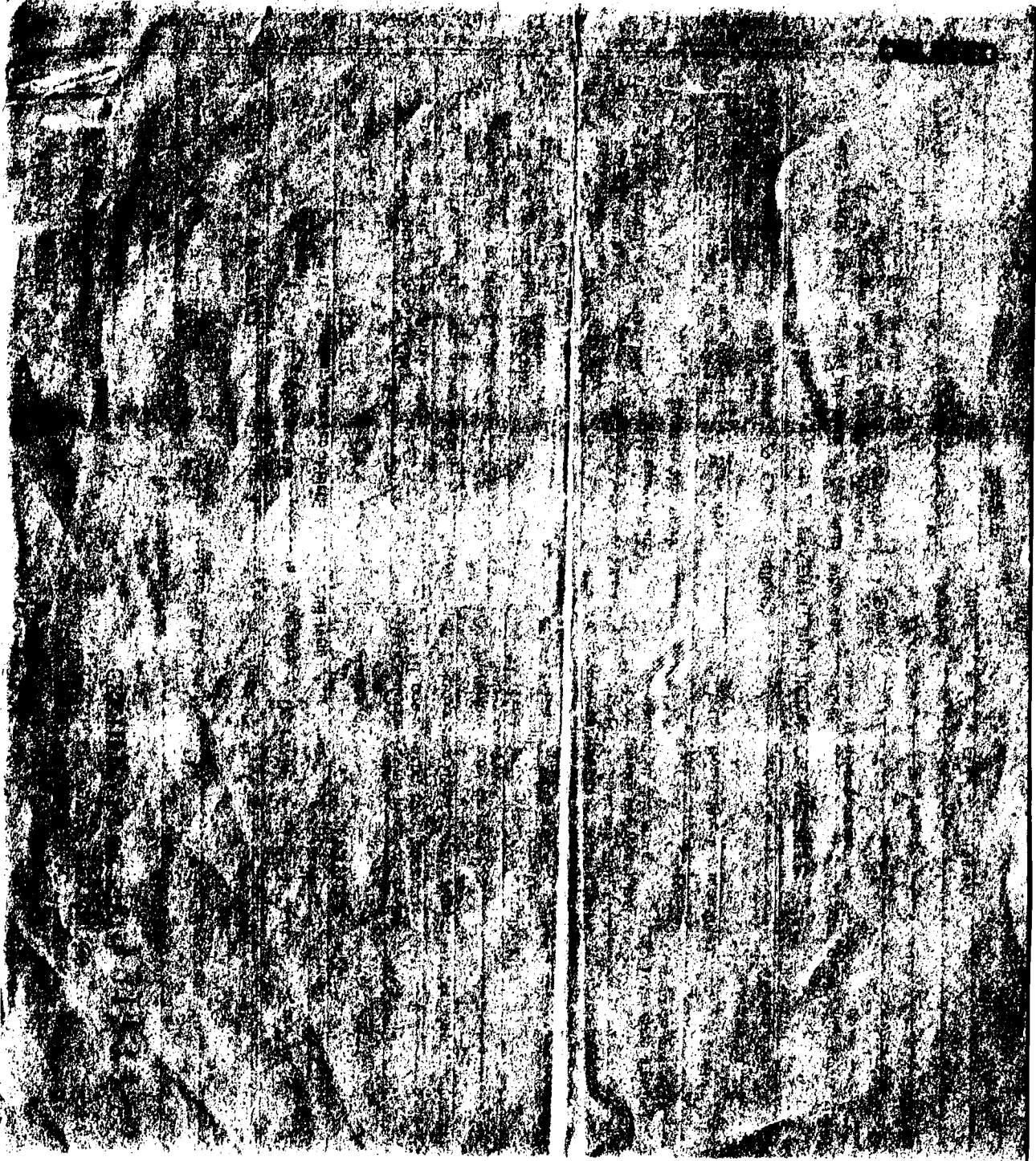
(Signed) Anna Cristina Kolstad M. D.
or Mrs. Selma Fredrickson Midwife
Address Andrew A Kolstad
Filed Calburn, 1900

Give name added from a supplemental report Mrs Fisher
(DATE OF)

_____ Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



259-213-035-964

RECEIVED JAN 8 1932

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198533

County of Nez Perce

City of Lewiston State of Idaho

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No.

Hospital

FULL NAME OF CHILD Margaret D. Seidel

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female		2	Yes	Sep 13 1900 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Seidel	FULL MAIDEN NAME	Freda Rouff
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Shaff MD (2)

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Lewiston, Idaho

Filed Dec 24 1931 J. M. Lyle

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-136-028-216

PLACE OF BIRTH

County of Kootenai

City of Couer d'Alene, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **200161**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wesley Elton Barnes
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	August 31 19 00

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME David C. Barnes	FULL MAIDEN NAME Lulu Minnie Sawley
Residence (Usual place of abode) Couer d'Alene, Idaho	Residence (Usual place of abode) Couer d'Alene, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 26 (Years)	Color or race White Age at last Birthday 18 (Years)
Birthplace Middletown, California (City and State or County)	Birthplace Forest, Wisconsin (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / [redacted] } at ..... M. on the date above stated.

(Signature) Mrs. D. C. Barnes [redacted] Mother

Address Couer d'Alene, Idaho

Filed March 1932 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 9 1932

PLACE OF BIRTH

County of Bonneville County

City of Idaho Falls

No. Mound Ave & K St.

652-219-010-522

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201861

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Eva Marie Caroline Westermark
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female					March 19 1932 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Peter Oscar Westermark	FULL MAIDEN NAME Lottie Ekstrom
Residence (Usual place of abode) Mound ave. & K. St	Residence (Usual place of abode) Mound ave. & K. St
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 27 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Gamleby-Sweden (City and State or County)	Birthplace Gamleby - Sweden (City and State or County)
Occupation Machinist	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 2:30 P. M. on the date above stated. June 1932

W Clark

(Signature) ~~Miss Bardh~~

~~Mr.~~ P.O. Westermark, Father
(~~Physician or midwife~~)

Address 209 West Blaine Seattle

Filed June 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

655-221028 434

RECEIVED JUL 16 1932

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child, at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 202605 202605

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Flora Isabel Wenz

3. Sex female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth May 21 1900 (MONTH, DAY, YEAR)

FATHER

9. Full name Frank Wenz

10. Residence (usual place of abode) Rathdrum Idaho (If non-resident, give place and State) _____

11. Color or race wh | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Ottberg Germany (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Sarah McMillan

19. Residence (usual place of abode) Rathdrum Idaho (If non-resident, give place and State) _____

20. Color or race wh | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Argyleshire Scotland (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work Continuously, 19__ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ | Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 11.00 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Wenz, M. D.

or _____, Midwife

Address Rathdrum, Idaho

Give name added from a supplemental report _____ (DATE OF)

Filed July, 1932

_____ Registrar.

_____ Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 15 1932

205919

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **205919**

PLACE OF BIRTH
County of Bannock
City of Pocatello
No. Main St. St.
996-129-003-819
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Albert Edward Irwin
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 24 1900

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4
Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	John Henry Irwin	FULL MAIDEN NAME	Minnie Hard
Residence (Usual place of abode)	Pocatello	Residence (Usual place of abode)	Pocatello
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last Birthday (Years)	45	Age at last Birthday (Years)	24
Birthplace (City and State or County)	Canada	Birthplace (City and State or County)	Yokomis Pa
Occupation	Book keeper	Occupation	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn **at** ..... **M. on the date above stated.**

(Signature) Minnie Irwin mother
1300 Michigan St. Portland Ore
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Oct. 5 1932 D. C. Ray
Registrar.

Grand Forks - Mrs Mrs W. S. Hard

Fillmore - Ill.

Uncle. Albert Hard

925 W. Clark

Pocatello Ida.

Aunt

Kate Hard

Fillmore Ill.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-105-003-249

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 205 N. Garfield St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 212689

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Raymond Burbidge
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Sep. (Month) 5 (Day), 1900 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Joseph Burbidge	FULL MAIDEN NAME Ida Margaret Burbidge
Residence (Usual place of abode) Pocatello, Idaho	Residence (Usual place of abode) Pocatello, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 35 (Years)	Color or race White Age at last birthday 23 (Years)
Birthplace England (City and State or County)	Birthplace Plattsmouth, Neb. (City and State or County)
Occupation O. S. L. Conductor	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) ~~Dr. Bean (by~~ Mrs. Burbidge
Cleveland Ave. (Mother)
(Physician or midwife)

Address Pocatello, Ida.

Filed Dec 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 4 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

695-210-214-89

1. PLACE OF BIRTH

County of Oneida

City of New Plymouth

No. _____ St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218152

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Anna Field

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
female			Yes	Yes	Sept. 10, 1900

FATHER	MOTHER
9. Full name: Quartus Robinson Field	18. Full maiden name: Clara Anna Leil
10. Residence (usual place of abode) (If non-resident, give place and State): New Plymouth	19. Residence (usual place of abode) (If non-resident, give place and State): New Plymouth
11. Color or race: White 12. Age at last birthday: 26 (years)	20. Color or race: White 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or country): Sunapee New Hampshire	22. Birthplace (city or place) (State or country): Chicago, Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Orchardist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Orchard	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Sept 10, 1900	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work: Sept 10, 1900	26. Total time (years) spent in this work: 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: _____ (c) Stillborn: _____

28. If stillborn, period of gestation: _____ months or weeks 29. Cause of stillbirth: _____ Before labor: _____ During labor: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at 1 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) J. R. Field, M. D.

or Father, Midwife

Address Emmett Idaho

Filed 1-6, 1934

_____ Registrar.

_____ Registrar.

am familier with
ts stated on other side
this paper and
eive them to be correct

Walter Burke
Katie Burke

515-109-019-366

STATE OF IDAHO 224021
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224021

PLACE OF BIRTH

County of Custer

City of Near Village of Mackay Idaho.

No. ..... St. .....

(If born in hospital or institution give name.) At Home

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Donald Archer Vance

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Boy				yes	April 1st, 1900 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth Second (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Clay Archer Vance	FULL MAIDEN NAME Priscilla Cowan Vance
Residence (Usual place of abode) Ranch near Mackay	Residence (Usual place of abode) Ranch near Mackay
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 28 (Years)	Color or race White Age at last birthday 28 (Years)
Birthplace Ills. Edgar Co. Ill (City and State or County)	Birthplace Slaterville. Weber Co. Utah (City and State or County)
Occupation Rancher.	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 8 P. M. on the date above stated.

(Signature) Clay Vance. Father.

..... (Physician or midwife)

Address Mackay - IDAHO.

Filed Sept ..... 1934 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Charles. F. BAKER. Mackay

N. E. Gilbert. Mackay

Addie Pryor Boise.

253-26-[illegible]

2214713

1. PLACE OF BIRTH
County of [illegible]
City of [illegible]
No. ..... St.
.....
(If born in hospital or institution give name.)

IDAHO
BLIC WELFARE
STATISTICS
F BIRTH

224713

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CLAUDIA IONE BECKSTEAD

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female						Aug. 26, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alexander Beckstead	18. Full maiden name: Eliza Christenson
10. Residence (usual place of abode) (If non-resident, give place and State): Oxford, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Oxf[illegible]
11. Color or race:	12. Age at last birthday: 36 (years)
20. Color or race: white	21. Age at last birthday: [illegible]
13. Birthplace (city or place) (State or country): Brigham City, Utah / Utah	22. Birthplace (city or place) (State or country): Brigham Cit[illegible] / Utah
OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housew[illegible]
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Stock raiser / Merchant	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: to date Aug. ..., 1934	17. Total time (years) spent in this work: Always
25. Date (month and year) last engaged in this work: Sept. 16, ..., 1934	26. Total time (years) spent in this wor[illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No no know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) S[illegible]

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before La[illegible] / During [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eliza Christenson Beckstead Mother

or ....., Midwife

Address 713 Euclid Ave.

Give name added from a supplemental report .....
(Date of)

Filed Oct 3, 1934

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1942

RECEIVED 1935

228556

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228556

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rural St.
546-224-014-512
(If born in hospital or institution give name.)

Registration District No. 7 State File No.
Prim. Registration District No. 2006 Local Registrar's No. 42 (42)

2. FULL NAME OF CHILD Lois Wanda Edwards

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 24, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Royal W. Edwards	18. Full maiden name Carrie G. Eastman
10. Residence (usual place of abode) Nampa Ida (If non-resident, give place and State)	19. Residence (usual place of abode) Nampa Idaho (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 26 (years)	20. Color or race white 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Brooklyn Iowa (State or country)	22. Birthplace (city or place) Derby Kansas (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work ✓	25. Date (month and year) last engaged in this work ✓, 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Eg. Ret.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report .....
(Date of)

Filed Feb. 7, 1935 Lyda Rodgers
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1/27/41 L. B.

754-206-822 RECEIVED MAR 9 1935 799

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gem

City of Ola

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 22 3707 22-407

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Etta Viola Perkins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				yes	August 6, 1900 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Burdett Benjamine Perkins

Residence (Usual place of abode) Ola

If non-resident, give place and State .....

Color or race White Age at last birthday 23 (Years)

Birthplace Waterville Kansas (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Effie L Griffith

Residence (Usual place of abode) Ola

If non-resident, give place and State .....

Color or race White Age at last birthday 15 (Years)

Birthplace Albany Missouri (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 5 a M. on the date above stated.

(Signature) Effie L Perkins
Mother
(Physician or midwife)

Address .....

Filed Mar 9 1935 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Miss Lennie Hollbrook
Ola Idaho

Miss Ethel Griffith
Ola Idaho

Miss Harriet McKellar
Ola Idaho

435-105-035-869

RECEIVED APR 8 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

230198

1. **PLACE OF BIRTH**
County of Nez Perce
City of near Culdsac
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Dilworth Decatur Steadman

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Oct. 5 (1900), 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Dilworth Steadman	18. Full maiden name: Luella Horn
10. Residence (usual place of abode) (If non-resident, give place and State): near Culdsac	19. Residence (usual place of abode) (If non-resident, give place and State): near Culdsac
11. Color or race: White | 12. Age at last birthday: 35 (years)	20. Color or race: White | 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Grey County, Ontario, Canada	22. Birthplace (city or place) (State or Country): Pike County Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranching	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housework
16. Date (month and year) last engaged in this work: At present, 19	25. Date (month and year) last engaged in this work: At present, 19 .....
17. Total time (years) spent in this work: 2½ yrs.	26. Total time (years) spent in this work: 2½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation None { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) W. D. Steadman, ~~M. D.~~
or Father, ~~Midwife~~
Address Beresford, S. Dak.
Filed April 5, 1935
Registrar.

4-2-35

Names and addresses of persons who knew of the birth:

Mr. Fred Fels, Gig Harbor, Wash.
Mrs. Sophronia Fels, " " "
Mr. Clarence Butler, Culdsac, Idaho, Rt. #1.
Mr. Camile Broncheau, " " " "

DELAYED

See Sibling 1900 - 730198

813-11-7036-632

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 231029

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Oneida
City of Mink Creek
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Calvin A. Hall

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth December 11 1990 (Month, Day, Year)

FATHER

9. Full name Andrew G. Hall
10. Residence (usual place of abode) (If non-resident, give place and State) Mink Creek
11. Color or race White | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Logan, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha Olsen
19. Residence (usual place of abode) (If non-resident, give place and State) Mink Creek
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Mantua, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ✓ Martha Hall (Mother) M. D.
or ....., Midwife
Address 1312-64th ave Oakland Cal

Give name added from a supplemental report .....
(Date of)

Filed Jan, 1937

Registrar. Registrar.

365 220 029 366

231934

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231934

1. PLACE OF BIRTH
County of Latah
City of Truse
No. R-R. no number St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elbert A ~~Cone~~ Cone.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 20, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ernest Elbert Cone	18. Full maiden name Julia Ann Lowry
10. Residence (usual place of abode) (If non-resident, give place and State) Truse Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 24 (years)	20. Color or race white | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Salem Oregon	22. Birthplace (city or place) (State or Country) Whitman Co. Wahington
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Julia Burns Mother, M. D.
or ....., Midwife
Address 535 W. Central St. Serra Madre Calif
Filed May 20, 1935
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Mrs Lena Cone — Burnt at birth.
Mr. or Mrs John Cone } Princeton Idaho.
Mrs Emma Lowry. 721 N. Hill Pasadena
Calif

613-123-DN-954

SEP 26 1935 RECEIVED

STATE OF IDAHO 235770
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada, Idaho
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 235770
Prim. Registration District No. 1004 Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Bates Walling

3. Sex | If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth 4th | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 23rd, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Enos Clark Walling	18. Full maiden name Mary A Zemmer
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Amity Oregon	22. Birthplace (city or place) (State or Country) Carthage, Mo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work January, 1907	25. Date (month and year) last engaged in this work now, 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation → months or weeks | 30. Cause of Stillbirth → Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary A Walling (Mother)
or ..... ~~Midwife~~
Address 2485 N. 4th St, Salem, Oreg
Filed 9-26, 1935 R. Sharp
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

546-230-ad.655

235777

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 235777

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vere Grace Edwards

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Sept 30 1900 (Month, Day, Year)

9. Full name FATHER	18. Full maiden name MOTHER
John W Edwards Boise	Minnie Belle Overholser
10. Residence (usual place of abode) (If non-resident, give place and State) Dead	19. Residence (usual place of abode) (If non-resident, give place and State) Dead Boise
11. Color or race White 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or country) Penn	22. Birthplace (city or place) (State or country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Owner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Creamery	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Jan ....., 19 12	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work Jan ....., 1935	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 8 (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ..... M. D.
or Mrs Mary Richardson Midwife
Address Boise Idaho

Filed Oct 4, 1935

1 Registrar.

AUG 1 1944

313/18 020-295

236704

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236704

NOV 4 1935 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ____ St.
at home of Mrs. Dameron
(If born in hospital or "institution" give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Marcus Lorenzo Latham

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth April 18, 1900 (Month, Day, Year)

FATHER

9. Full name: Hugh B. Latham
10. Residence (usual place of abode) Murphy Idaho
(If non-resident, give place and State) ____
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Wellsfield
(State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Yard
16. Date (month and year) last engaged in this work April, 1900
17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name: Ada Dieg — Latham
19. Residence (usual place of abode) Murphy Idaho
(If non-resident, give place and State) ____
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Churchville
(State or Country) Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work April, 1900
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Hugh B. Latham Father

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Filed NOV, 1935

Registrar. (Dr. Wm I. Smith attended) Registrar.

819-206-003-399

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 630 north arthur

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 236828

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Louise Hargraves

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Feb 6. Tuesday, 1900 (Month, Day, Year)

FATHER

9. Full name Samuel Hargraves

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 20 (years)

13. Birthplace (city or place) Cassia Creek (State or Country) Cassia Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. grocery

16. Date (month and year) last engaged in this work ....., 1900

17. Total time (years) spent in this work six yrs

MOTHER

18. Full maiden name Louisa Criswell

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida

20. Color or race white 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Blackfoot (State or Country) Idaho, Bingham Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

one

(a) Born alive and now living one (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) Louisa Hargraves mother, M. D. or ....., Midwife

Address Inkom Idaho

Filed Oct 29, 1935

Registrar.

Registrar.

Mrs Lila Woolard
Pocatello Idaho 537 S Fifth ave.
Mrs Mary Jane Rice
Pocatello Idaho 454 North Hayes.
Mr Thomas Hargraves
726 S Maine st Pocatello Idaho

214-102 829-695 MAY 15 1936 RECEIVED 241909

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241909

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow, Idaho, USA.
No. "B" Street St.
at home,
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Willatowski Kaufmann

3. Sex: Male
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —
6. Premature — Full term Yes
7. Legitimate? Yes
8. Date of birth 7-2-1900 (Month, Day, Year)

FATHER

9. Full name: Emanuel Kaufmann
10. Residence (usual place of abode) Deceased (If non-resident, give place and State) Berkeley Calif.
11. Color or race White
12. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or country) Gordonsville 43 Virginia, U.S.A.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Department Store
16. Date (month and year) last engaged in this work: Still engaged in work, 1936
17. Total time (years) spent in this work: 11 years

MOTHER

18. Full maiden name: Antonie Louise Willatowski
19. Residence (usual place of abode) (If non-resident, give place and State) Berkeley Calif.
20. Color or race White
21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or country) Kiel, Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: Engaged still, 1936
26. Total time (years) spent in this work: One year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyral
28. Number of children of this mother (At time of this birth and including this child) First Child (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn None
29. If stillborn, period of gestation — months or weeks
30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Antonie L. Kaufmann, M. D.
or mother, Midwife
Address 3021 Hillegass Ave. Berkeley - Calif.

Give name added from a supplemental report

Subscribed and sworn to before me (Date of) this 14th day of May 1936
Blanche M. Yamano Notary Public
Registrar.

Filed May 15-36, 1936
Registrar.

Mr. Paul Leuschel - 114 Bank St. - Wallace, Idaho -
Mrs. Helen Kaufmann - 64 Eucalyptus Lane, Santa Barbara, Cal.
Mrs. C. L. Butterfield - Hotel Moscow - Moscow, Idaho -
Mrs. Helen Kaufmann - 64 Eucalyptus Lane
Santa Barbara, Cal.

U. S. A

944 215029 944

JUN 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 242728

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. ..... St.
in Country
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charlotte Zumwalt.

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Feb. 15 1900 (Month, Day, Year)

FATHER

9. Full name Preston Thomas Zumwalt.
10. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Eugene (State or country) Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work ....., 19 00
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mina Angie Zumwalt.
19. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Montevallo (State or country) Cedar County, Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work since marriage, 19 00
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mina Zumwalt (Mother) Midwife
Address Yakima, Wash.
Filed June 1, 1936

Registrar.

Registrar.

Give name added from a supplemental report .....
(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Arthur Snow
Moscow, Idaho

SEP 17 1959

Mrs. Ethel Coffin.
2292 E. 60th St., Seattle, Wash.

Frank Driskill.
Moscow, Idaho.

M. D. — Dr. Gritman (deceased)
midwife or nurse — Mrs. Ellen Driskill (deceased)

713 22-1-002 4663 JUN 22 1936 #24663

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls, State of Idaho.
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 24663
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Freda Marie ~~Garneau~~ (Garno). GALARNEAU

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female					Yes	March 27th 1900 (Month, Day, Year)

FATHER

9. Full name: Joseph Alexander Garneau (Garno)
10. Residence (usual place of abode) (If non-resident, give place and State): Post Falls Idaho
11. Color or race: White 12. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or country): Hartley, Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Steamboat & Stationery
16. Date (month and year) last engaged in this work: 19 09
17. Total time (years) spent in this work: 20 yrs

MOTHER

18. Full maiden name: Ora Belle Morton
19. Residence (usual place of abode) (If non-resident, give place and State): Post Falls Idaho
20. Color or race: White 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or country): Adams County Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: At present, 19 .....
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3-am m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.
or Marion A Pierce Attendant
Address 3107 West Dalton Ave, Spokane, Wn

Give name added from a supplemental report ..... (Date of)

Filed June 22, 1936

..... Registrar.

Notary on reverse side

Registrar.

Spokane County,
State of Washington,

June 19th,1936

I V.D.Warren a Notary Public in the State of Washington, County of Spokane certify that Marion A.Pierce signed the foregoing document.

V. D. Warren
Notary Public

Spokane, Wash.
Residing

My Commission Expires Feb 7th,1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 22 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Freda Marie Garneau (Garnes)

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth March 27 1930 (Month, Day, Year)

FATHER

9. Full name: Joseph Alexander Garneau (Garnes)
10. Residence (usual place of abode) (If non-resident, give place and State): Post Falls
11. Color or race: White
12. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or country): Hartley Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Steamboat
16. Date (month and year) last engaged in this work: ....., 1909
17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Ora Bell Morton
19. Residence (usual place of abode) (If non-resident, give place and State): Post Falls Idaho
20. Color or race: White
21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or country): Adams Co. Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work: at present, 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother: 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 m. on the date above stated.

(Signed) Mrs. Ora B. Knapp Mathes
or ..... Midwife
Address 331 S. Forest St. Bellingham Wash

Filed June 22, 1936
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics
Boise, Idaho.

June 22, 1936

C. Ben Ross,
Governor

Lewis Williams
Commissioner

Mrs. Ora Belle Knapp
331 S. Forest St.
Bellingham, Wash.

Receipt is hereby acknowledged of your request for a copy of the birthcertificate. This is to advise that this certificate is on file in this Bureau under State File No. ~~243663. Freda Marie Garneau~~ Galarneau

The law requires a fee of fifty cents (Check or Money Order) payable in advance for each certified copy issued. Therefore, upon receipt of this fee, we shall promptly issue the desired certified copy.

Kindly return this notice with your remittance.

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

MAY 21 1936

APR 12 1967

Post Falls, Idaho

Dear Sir. This has been forwarded to me, while I am visiting, in Ida, I did not know about the Lee, in fact I was advised there was no fee. Enclosed please find same. Please change the spelling from Garneau to Galarneau, I do not know how I could have let that pass in the application. Please do not overlook this change. If any question should arise at once, you might address me at this place. You have my permanent address in Bellingham Wash. Thank you.

Ora B. Knapp

361-121-0444-546

243683

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH.
County of Washington
City of Weiser Idaho
No. Vendome Hotel St.
(If born in hospital or institution give name.)

JUN 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 243683

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clyde Edwards Coakley

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate Yes	8. Date of birth September 21 1900 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: John Joseph Coakley (deceased)	18. Full maiden name: Olive Edwards Coakley
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser Idaho (Idaho)	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser Idaho
11. Color or race: White | 12. Age at last birthday: 70 (years)	20. Color or race: White | 21. Age at last birthday: 62 (years)
13. Birthplace (city or place) (State or country): San Francisco California	22. Birthplace (city or place) (State or country): Madrid. Boone County Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Hotel owner.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: 1920 | 17. Total time (years) spent in this work: 25	25. Date (month and year) last engaged in this work: Still at it, 1936 | 26. Total time (years) spent in this work: 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... \| Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 3:15 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Olive Coakley, Mother, Midwife
Address Kirkland, Washington
Filed June 26, 1936

Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

365 - 109006 - 389

V S. 15

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Filed at Fountain Colorado

STATE OF [redacted] Idaho 4370

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

243702

County of Bingham

Town of Blackfoot Idaho

City of

Registration District No. 70

File No.

No. St.

JUL 15 1936 RECEIVED

Registered No. 204

FULL NAME OF CHILD Marion Carl Love

Sex of Child	Twin Triplet or Other?	and	Number in Order of Birth	Legitimate	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 9 1900

FATHER		MOTHER	
FULL NAME	Robert Emery Love	FULL MAIDEN NAME	Annie Christian
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Warren Co. Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

No. of Child of this Mother 4

No. of Children of this Mother Now Living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Dec 9, 1900, at 11:00 P.M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) Mrs Annie Love

Mother

(Physician or Midwife)

Address Fountain Colo

Given name added from a supplemental report

, 19

Registrar.

Filed July 1, 1936 A. M. Sayers

Registrar.

AFFIDAVIT

STATE OF Colorado }
COUNTY OF El Paso } ss.

I, Annie Love, do solemnly swear that I am the mother of Marion Carl Love, the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Mrs Annie Love

Subscribed and sworn to before me this 1st day of July, 1936

Albert M Burgess

(SEAL)

Notary Public for State of Colorado

Residing at Fountain Colo.

My Commission expires My Commission Expires October 15, 1936

STATE OF .....
COUNTY OF ..... } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above-named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

(Signature) .....

(SEAL)

Type or Print Name .....

(Signature) .....

Type or Print Name .....

Subscribed and sworn to before me this .....day of ....., 19.....

.....

Notary Public for State of .....

Residing at .....

My Commission expires .....

THE BRADFORD-ROBINSON PTG. CO., DENVER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Custer
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 244608

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Josephine Coryell

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	Apr. 29, 1900 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George A. Coryell	18. Full maiden name: Anna Marie Malm
10. Residence (usual place of abode) (If non-resident, give place and State): Custer, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Custer, Ida.
11. Color or race: W	12. Age at last birthday: 36 (years)	20. Color or race: W	21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or country): Virginia City, Nev.	22. Birthplace (city or place) (State or country): Sweden
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna Coryell (MOTHER), M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed Aug. 13, 1936, 193.....

..... Registrar.

..... Registrar.

Ellen Pfeiffer Challis Idaho
John Danielson Pocatello Idaho
Edna Hendlow Boise Idaho

MAR 2 1956

DELAYED

Copy of Rec - Dec 1955

813-171-008866 3778 246591

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise SEP 24 1936 RECEIVED
City of Placerville
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246591

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fulton Yat Kee

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Sept. 11, 1936 (Month, Day, Year)

FATHER

9. Full name Joe Yat-Kee
10. Residence (usual place of abode) Placerville, Ida. (If non-resident, give place and State) .....
11. Color or race Chinese | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Canton, China

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 1918 | 17. Total time (years) spent in this work 15 years

MOTHER

18. Full maiden name Sen Yow
19. Residence (usual place of abode) Placerville, Ida. (If non-resident, give place and State) .....
20. Color or race Chinese | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Placerville, Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Sept. 9, 1911 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) JOE YAT KEE - Father, M. D.
or 2396 4th Meiser, Ida, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept. 24, 1936

Registrar. Registrar.

Mrs. Brogan, County Court House, Idaho City, Idaho

Mrs. Robison, Placerville, Idaho

First certified copy issued 9/24/36

OCT 4 1944

296-229-029-867

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. ..... St.
(If born in hospital or institution give name.)

OCT 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

247317

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Geneva Iona Brown

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Aug. 29, 1920 (Month, Day, Year)
female					

FATHER	MOTHER
9. Full name Talcott Merrill Brown	18. Full maiden name Martha Ann Hoge
10. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 47 (years)	20. Color or race white 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country)	22. Birthplace (city or place) Mapleton Kansas (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lois E. Stickney, M. D. sister
or Caldwell, Idaho R B Midwife

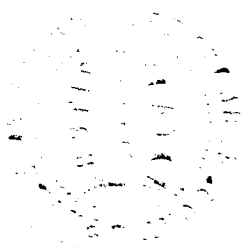
Give name added from a supplemental report ..... (Date of)

Subscribed & sworn to before me this 30th day of September, 1936.
Address
FEE Thos E Bucane
Notary Public for Idaho
Residing at Caldwell, Idaho. Registrar.

Filed Oct. 2 1936 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 25 1942



214'105 001 253

W867;

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248679

1. PLACE OF BIRTH

County of Ada

City of Boise City, Idaho.

No. [redacted] St.

[redacted] Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edgar Eugene Saunders.

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth July 5th, 1900. (Month, Day, Year)

FATHER

9. Full name Silas Eugene Saunders

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Albany~~ Boise

11. Color or race White 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Albany - New York.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Soldier Cavalryman.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Pearl Keller.

19. Residence (usual place of abode) (If non-resident, give place and State) now ~~[illegible]~~ Boise, Idaho

20. Color or race White | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Kansas City. Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work many.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) first born. (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. Hawley at 2:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. Pearl Bailey, nee Mrs. Pearl Saunders, ~~XXXX~~

X ..... Mother ....., ~~XXXXX~~

Address 511 - Fidelity Bldg. Tacoma Wash.

Filed 12/14/36, 193....

Registrar,

Give name added from a supplemental report .....

(Date of)

Registrar,

Mrs + Mrs. David Wood.
Mr + Mrs. J. Stafford.
Mr + Mrs. Allan.

Near Keighley.
do not recall the address.

947.114 040-214

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 12 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249570

1. PLACE OF BIRTH
County of Shoshone
City of Wardner Idaho.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 123 State File No. .....
Prim. Registration District No. 2201 Local Registrar's No. 112

2. FULL NAME OF CHILD HOWARD EDWARD RULLMAN

3. Sex Male

If plural births { 4. Twin, triplet, or other No
5. Number, in order of birth 1st

6. Premature No
Full term Yes

7. Legitimate? yes

8. Date of birth May 14, 1900 (Month, Day, Year)

FATHER

9. Full name Casper H. Rullman
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work now, 19....
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Mary Baurele
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner
20. Color or race White | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work now, 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother Seventh (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. R. Musson, M. D.
or ....., Midwife
Address Kellogg, Idaho
Filed Dec 9, 1936 Mrs. Helen McBride
Registrar.

SEP 1 2 1945

BOTH DELAYED

dup of 1900-299072

559-216-ok-468

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 150 N 9th St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 2 1937

Registration District No. ..... State File No. 251602

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Ruth Vernon

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Aug 16, 1937 (Month, Day, Year)

FATHER

9. Full name: Henry Alonzo Vernon

10. Residence (usual place of abode) (If non-resident, give place and State): Boise

11. Color or race: White 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or country): Bloomington Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Building Contr.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Home Const.

16. Date (month and year) last engaged in this work: Aug 16, 1900

17. Total time (years) spent in this work: 7

MOTHER

18. Full maiden name: Mary Doherty

19. Residence (usual place of abode) (If non-resident, give place and State): Boise

20. Color or race: White 21. Age at last birthday: 35 (years)

22. Birthplace (city or place) (State or country): Bodeck Nova Scotia, Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Aug 16, 1900

26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn .....

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ..... M. D.

or Mary Vernon Mother ~~Midwife~~

Address c/o Mrs. Thos. Maberly, Rupert Idaho

Filed MAR 2 1937, 193.....

..... Registrar.

Mrs. [illegible] Aikens Smith - Winnemucca Nev.

Mr. R.H. Aikens

Mrs. D.W. Powers - Ontario, Ore.

AUG 30 1965

499-108-014-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252430

MAR 19 1937

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edwin Utley Driscoll

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth June 8, 1900 (Month, Day, Year)

FATHER

9. Full name: Timothy Driscoll

10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) County Cork, Ireland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher. Livestock

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work 1900, 19____

17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name: Sarah Permelia Utley

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida.

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Spring Garden, Ill.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work 1900, 19____

26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E R Windham, M. D.

or _____, Midwife

Address Payette, Idaho.

Give name added from a supplemental report _____ (Date of)

Filed MAR 19 1937 193____ Pearl Dillingham Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.

AUG 7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho Co.
City of (or Town) Winona, Idaho
No. ..... St.
231-119-025-493
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 12 1937

Registration District No. ..... State File No. 252473
Prim. Registration District No. ..... Local Registrar's No. 30-473

2. FULL NAME OF CHILD Roy David Stanberry

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth April 19, 1900 (Month, Day, Year)

FATHER

9. Full name Geo David Stanberry
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Dexter Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Cornelia Leebell Mitchell Stanberry
19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville Ida
20. Color or race White | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Salem Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Mother & Housemaker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) by Mother Mrs. Cornelia L. Stanberry M. D.
or ....., Midwife
Address Grangeville, Idaho
Filed April 9, 1937

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

NOV 24 1941

Eliza J. Mitchell. deceased

Mrs Eva Baskett

Lewiston Idaho

Mrs Oliva Vernon

Lewiston Idaho

Mrs Lenora J Finney

Caldwell Idaho

NOV 9 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce ~~Nez Perce~~

City of ~~[illegible]~~ Nez Perce

No. ..... St.

433 106 035 692

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 19 1937

CERTIFICATE OF BIRTH

253497

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Percy McCahill

3. Sex male

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 9, 16, 1900 (Month, Day, Year)

FATHER

9. Full name John R. McCahill

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Reedley Cal.~~ Nez Perce

11. Color or race White 12. Age at last birthday ~~40~~ 33 (years)

13. Birthplace (city or place) (State or Country) Prole Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work Apr. 15, 1937

17. Total time (years) spent in this work 55

MOTHER

18. Full maiden name Fannie E. Fike

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Reedley Cal.~~ Nez Perce

20. Color or race white 21. Age at last birthday ~~[illegible]~~ 30 (years)

22. Birthplace (city or place) (State or Country) Waterloo, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Apr. 15, 1937

26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Dr. [illegible]~~, M. D.

or John R. McCahill Father ~~Midwife~~

Address Reedley Calif.

Give name added from a supplemental report .....

(Date of)

Filed ....., 193...

Registrar.

APR 19 1937

Registrar.

Charles F. Thomas Nezperce Id a.
James T. Stanton " "
P. W. Harding " "

DEC 3 1969

236-208 (20-215

25353 4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Elmore

City of Glenns Ferry Idaho. MAY 8 1937

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253534

Registration District No. 4 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Winifred Leota Scott

3. Sex Female

If plural births: 4. Twin, triplet, or other one 5. Number, in order of birth 1

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Tues. May 8th 1900. (Month, Day, Year)

FATHER

9. Full name Otis Hugh Scott

10. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry Ida

11. Color or race White 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Alton Illinois U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Last January Dec., 1936

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Irene Leota Sanders.

19. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry Ida

20. Color or race White 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Boise City Idaho. (Ada County)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) First child

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) Mrs. Irene Leota Sanders Christer, M. D.
-Mother-
or ....., Midwife

Address Ojai, Ventura Co. California.

Filed MAY 8 - 1937, 193.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou

City of Soda Springs

No. 693-119-015-359 St.

(If born in hospital or institution give name.)

MAY 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253928

Registration District No. 82 State File No.

Prim. Registration District No. 2159 Local Registrar's No. 18

2. FULL NAME OF CHILD Frank Jackson Wilson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth May 19, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frank Carl Wilson	18. Full maiden name: Ellen Agnes Terry
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Illinois, Lodi	22. Birthplace (city or place) (State or Country): Utah, Rockville
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: May, 1900 | 17. Total time (years) spent in this work: 6	25. Date (month and year) last engaged in this work: May, 1900 | 26. Total time (years) spent in this work: 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6:00 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [illegible] Mickey [illegible], M. D.

or ____, Midwife

Address [illegible]

Give name added from a supplemental report ____ (Date of)

Filed April 24, 1937 [illegible] Registrar.

Registrar.

OCT 2 1943

393-108 023-212

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

MAY 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 254061

Registration District No. 6 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Elliott Little

3. Sex male | If plural births: 4. ~~Twin, triplet,~~ or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 8th, 1900 (Month, Day, Year) ✓

FATHER

9. Full name James Little
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race W. | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockman
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 1 yrs.

MOTHER

18. Full maiden name Maude Albertine Basye
19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
20. Color or race W. | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) Emmett, Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10 % argyrol
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4:20 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mary A Basye, Midwife
Address Emmett, Idaho.
Filed March 15, 1937 J. L. Reynolds Registrar.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

695-210-001-76b

256-76

257535

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 257535

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Janie J. French

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	yes	April 10, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ambert S. French	18. Full maiden name: Mary Powell
10. Residence (usual place of abode) (If non-resident, give place and State): Meridian	19. Residence (usual place of abode) (If non-resident, give place and State): Meridian
11. Color or race: W | 12. Age at last birthday: 54 (years)	20. Color or race: W | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place): Princeton (State or Country): Minn.	22. Birthplace (city or place): Cascade (State or Country): Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 4 (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date)

..... Registrar.

(Signed) R. A. French Brother, M. D.

or ..... Midwife

Address Meridian Idaho

Filed Aug 25, 1937 Pearl Dillingham Registrar.

Subscribed and sworn to before me this 15th day of Aug 1937 Pearl Dillingham State Registrar

STATE OF IDAHO }
COUNTY OF ADA } ss.

On this 23rd day of August, 1937, before me the undersigned, a notary public in and for said State of Idaho, personally appeared Homer Coleman of Melba, Idaho, known to me to be the person whose name is subscribed to the within instrument, and who deposes and says that it is his own personal knowledge that Janie J. French, who is now Mrs. Janie J. Morgan of Cheney, Washington, was born April 10, 1900 at Meridian, Idaho, the daughter of Ambert S. French and Mary Powell French.

3 rd Cousin

Homer Coleman

Subscribed and sworn to before me on the day and year in this certificate first above written. IN WITNESS WHEREOF, I hereunto set my hand and affix my official seal.

William T. Harchin
Notary Public
Residing at Meridian, Idaho
My Commission Expires August 21, 1939.

443-125-003-812

RECEIVED AUG 30 1937

~~25 6 F 01~~ 257544

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257544

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ~~Company House OSLRR Harrison~~ St.

Born at home

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Franklin Harry Mitchell

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male			yes	yes	Aug. 25, 1900 193

FATHER	MOTHER
9. Full name: Harry Moroni Mitchell	18. Full maiden name: Emily Haslam
10. Residence (usual place of abode) (If non-resident, give place and State) Salt Lake, Utah	19. Residence (usual place of abode) (If non-resident, give place and State) Salt Lake, Utah
11. Color or race white | 12. Age at last birthday 24 (years)	20. Color or race white | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Salt Lake, Utah	22. Birthplace (city or place) (State or Country) Salt Lake, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad Blacksmith Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Aug. 25, 1900, 19 | 17. Total time (years) spent in this work 6 years	25. Date (month and year) last engaged in this work Aug 25, 1900, 19 | 26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? dont know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. Castleman deceased m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) now deceased, M. D.

or Emily Haslam Mitchell Mother ~~Midwife~~

Address .....

Filed AUG 30 1937, 193 .....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho Utah
County of Bannock present Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emily Haslam Mitchell being first duly sworn says that

is the Mother (Relationship of child)* of Franklin Harry Mitchell

born August 25, 1900 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Franklin Harry Mitchell

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Castleman - deceased about twenty years M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Emily Haslam Mitchell. Mother

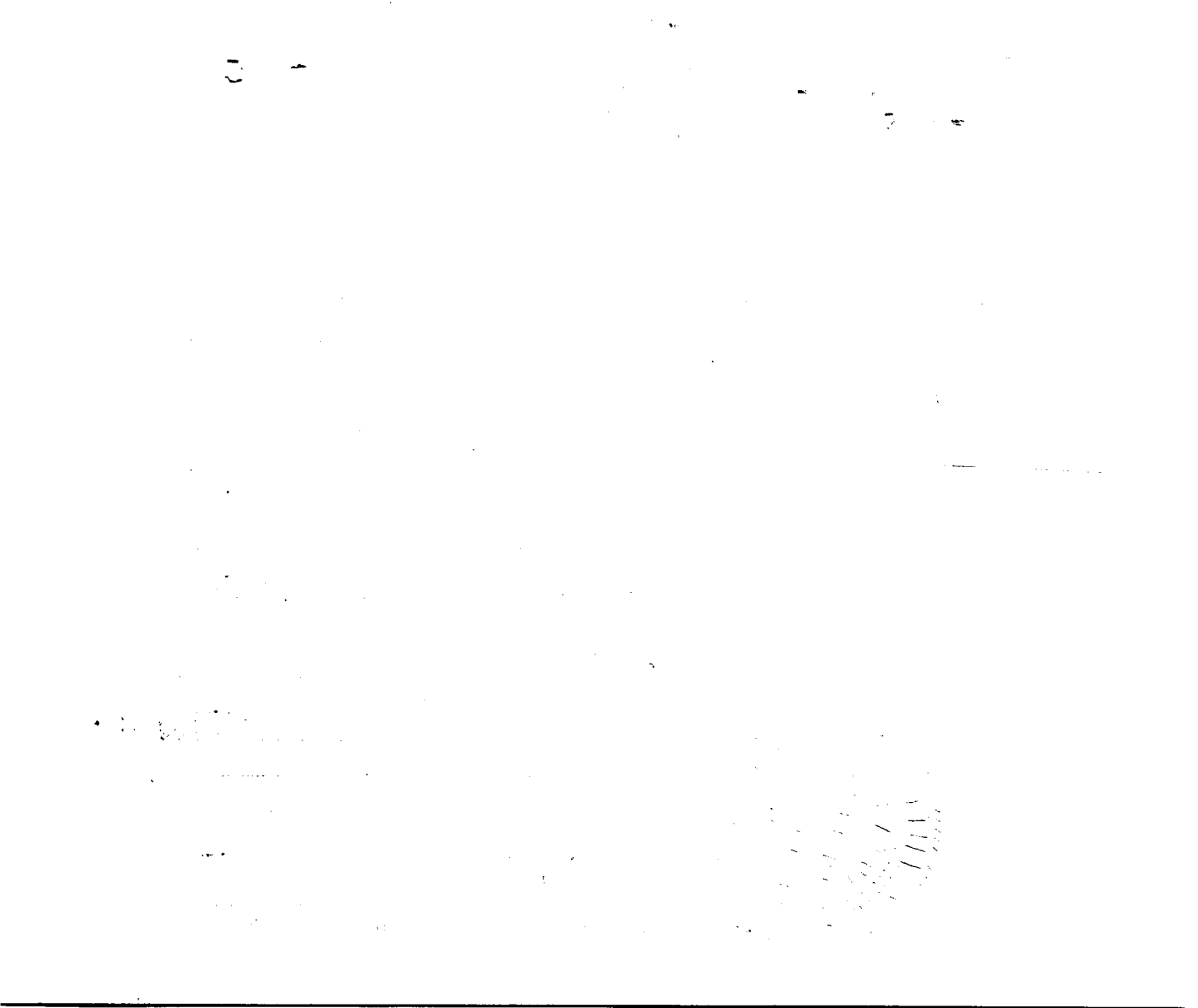
P. O. Address 127 North 7th West, Salt Lake City, Utah

Subscribed and sworn to before me this 27th day of August, 1937.

N K Ventress
Notary Public.

Residing at Salt Lake City - Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

719·109 023·464

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258539

Registration District No. ..... State File No. 258539

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Ernest Parrott

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Sept 9, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Parrott	18. Full maiden name Linda E. Moulton
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Hamilton (State or Country) Ill	22. Birthplace (city or place) St. Joseph (State or Country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Linda M Parrott Mother 3P, M. D.

or ....., Midwife

Address 415 Idaho St. Boise

Filed 9-18-37, 193..

Subscribed and sworn before me this 18 day of Sept 1937 Earl Dillingham State Registrar

State Registrar.

NOV 9 1965

284-213014-858

RECEIVED

SEP 22 1937

258545

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 258545

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Celia Lillian Shuee

3. Sex Female | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Jan. 13, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Daniel M. Shuee	18. Full maiden name: Amelia E. Hey
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race Wh. | 12. Age at last birthday 32 (years)	20. Color or race Wh. | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Nebr. City, Nebr.	22. Birthplace (city or place) (State or country) Independence, Kansas.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation --- months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Amelia E Shuee Mother
Address 1301 Cleveland - Caldwell Idaho

Give name added from a supplemental report .....
(Date of)

Filed SEP 22 1937, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Mary Mumford,
Caldwell, Idaho,

Mrs. Ora Cramer
Caldwell, Idaho,

Mrs. Fred A. Phillips
Baker Oregon,

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amelia E Shuee being first duly sworn says that She is the mother of Celia Lillian Shuee
(Relationship of child)*

born Jan. 13" 1900 ~~at~~ Near Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Celia Lillian Shuee ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Eliza Jane Shuee ~~M. D.~~ Midwife was the medical attendant at the birth of said Celia Lillian and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Amelia E Shuee
P. O. Address 1301 Cleveland Caldwell

Subscribed and sworn to before me this 20th day of September, 1937

Nell Wilson
Notary Public.

Residing at Caldwell, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 24 1943

64-123025-177

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont Idaho
City of Ferdinand
No. ..... St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 259571

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harry Wade

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth Aug 23, 1900 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name: Justus Eaken Wade	18. Full maiden name: Rosa Appel
10. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand	19. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand
11. Color or race: White; 12. Age at last birthday: 76 (years)	20. Color or race: White; 21. Age at last birthday: 74 (years)
13. Birthplace (city or place) (State or country): DesMoines County Iowa	22. Birthplace (city or place) (State or country): Russia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work 4-27, 1937
17. Total time (years) spent in this work 20	26. Total time (years) spent in this work 41

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 1 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D.
or Nellie M. Giles Midwife
Address Mohler Idaho

Filed ....., 193.. ..... Registrar.

OCT 27 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson,

City of Rigby,

No. none St.

165 226026-231

(If born in hospital or institution give name.)

RECEIVED
OCT 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259579

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vera Lertha Jones,

3. Sex: female

If plural births: 4. Twin, triplet, or other ---; 5. Number, in order of birth ---

6. Premature --- Full term yes

7. Legitimate? yes

8. Date of birth Feb 26, 1900 (Month, Day, Year)

FATHER

9. Full name: Edward A. Jones,

10. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho.

11. Color or race: White 12. Age at last birthday: 42 (years)

13. Birthplace (city or place) (State or Country): Cardiff, Wales.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: -----

16. Date (month and year) last engaged in this work: May, 1928

17. Total time (years) spent in this work: 40

MOTHER

18. Full maiden name: Margaret Stark,

19. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Ida

20. Color or race: White 21. Age at last birthday: 39 (years)

22. Birthplace (city or place) (State or Country): Ratcliffe, England.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife,

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: no,

25. Date (month and year) last engaged in this work: to date, 19

26. Total time (years) spent in this work: 50

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child): Ten

(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation: none months or weeks 00

30. Cause of Stillbirth: none

Before labor: none

During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) E A Jones Father, M. D.

or ....., Midwife

Address Rigby, Idaho.

Filed 10/29/37, 193...

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho. }
County of Jefferson, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret S. Jones, being first duly sworn says that she is the Mother of Vera Lertha Jones,
(Relationship of child)*

born 26th of February, 1900, at Rigby, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Margaret S. Jones, desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vera Lertha Jones,

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that One Mrs O'Brien Midwife M. D. was the Midwife medical attendant at the birth of said Vera Lertha Jones and that the said medical attendant is alive and living at San Francisco, Cal.
(Now deceased (or) cannot be located)

Name of Affiant Margaret S Jones

P. O. Address Rigby, Idaho, R.F.D.# I

Subscribed and sworn to before me this 27th day of October 1937., 19

Percy Gwynn
Notary Public.

Residing at Rigby, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock, State of Idaho

City of Town of Downey

No. 236106-003 282 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259596

NOV 8 1937

Registration District No. ..... State File No. 259596

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lew Jessie Bloxham

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth April 6, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Robert Isaac Blokham	18. Full maiden name Martha Bybee
10. Residence (usual place of abode) (If non-resident, give place and State) Downey, Idaho/	19. Residence (usual place of abode) (If non-resident, give place and State) Downey, Idaho.
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Downey, Idaho	22. Birthplace (city or place) (State or Country) State of Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work April 6th, 1900 — 17. Total time (years) spent in this work 15 years	25. Date (month and year) last engaged in this work April, 1900 — 26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None known of

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation - - - months or weeks

30. Cause of Stillbirth - - Before labor - - During labor - -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed 11/8/37, 193 Pearl Dillingham Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

(mrs) Sarah Bloxham being first duly sworn says that she is the Aunt (Relationship of child)* of Lew Jessie Bloxham born April 6th, 1900 (Date of birth) at Downey, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lew Jessie Bloxham hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Fannie Stoddard ~~M. D.~~ Midwife was the medical attendant at the birth of said Lew Jessie Bloxham and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Sarah Bloxham

P. O. Address Downey, Idaho

Subscribed and sworn to before me this 30th day of October, 1937

G. Y. Lundgren
Notary Public.

Residing at Downey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 29 1960

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

260592

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260592

SEP 17 1937

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. 419 St.
228021813
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sadie Rosa Daines

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		x	Yes	Sept. 28, 1900

FATHER	MOTHER
9. Full name: Wm. M. Daines, Sr.	18. Full maiden name: Elizabeth Hatch
10. Residence (usual place of abode) (If non-resident, give place and State): Preston	19. Residence (usual place of abode) (If non-resident, give place and State): Preston
11. Color or race: W | 12. Age at last birthday: 37 (years)	20. Color or race: W | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Hyde Park, Utah	22. Birthplace (city or place) (State or Country): Lehi, Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. R. Cutler, Sr., M. D.
or ....., Midwife
Address Preston, Idaho

Give name added from a supplemental report ..... (Date of)

Filed Nov. 8, 1937

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Cache } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wm W. Daines being first duly sworn says that
he is the Father of Sadie Rosa Daines
(Relationship of child)*
born Sept 28th 1900 at Preston, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Sadie Rosa Daines
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Allen R. Butler sr. M. D. was the ~~Midwife~~ medical attendant at the birth of said Sadie Rosa Daines and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Wm W. Daines
P. O. Address 469 N. 2nd East St Logan, Utah

Subscribed and sworn to before me this 12th day of November, 19 37

L H Daines
Notary Public.
Residing at Logan, Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 2 4 1967

855 220 014 331

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child born at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St.
(If born in hospital or institution give name.)

NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26094

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Roxa Bell Henry

3. Sex female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Sept 20 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Andrew Marion Henry	18. Full maiden name: Hermie Maud Clary
10. Residence (usual place of abode) (If non-resident, give place and State): Mead	19. Residence (usual place of abode) (If non-resident, give place and State): Nampa Idaho
11. Color or race: White | 12. Age at last birthday: 44 (years)	20. Color or race: White | 21. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Ohio	22. Birthplace (city or place) (State or Country): Washington Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawyer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Mar 1, 1926	17. Total time (years) spent in this work: 20
	25. Date (month and year) last engaged in this work: Oct 14, 1937
	26. Total time (years) spent in this work: 47

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Maud Henry (Mother), M. D.
or 219-10th Ave. No., Midwife
Address Nampa Idaho

Filed NOV 26 1937, 193...

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maud Henry being first duly sworn says that
Roxy Ball Henry is the daughter of Andrew Henry & Maud Henry
(Relationship of child)*
born Sept 20 — 1900 at Nampa, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Maud Henry desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Roxy Ball Henry
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. S. Koehler M. D. was the
~~Midwife~~
medical attendant at the birth of said Roxy Ball Henry and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Maud Henry
P. O. Address 219-18th No. Nampa Idaho

Subscribed and sworn to before me this 23rd day of November, 1937

Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

165-105-003-966

261557

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 261557

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 923 No. Garfield St.
residence
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jones, Elvin Rowland

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth 7/5/1900 193 (Month, Day, Year)

FATHER

9. Full name Jones, William Henry

10. Residence (usual place of abode) 923 No Garfield (If non-resident, give place and State) Poca. Ida

11. Color or race white 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Merthyr Tydfil (State or Country) Wales

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car repairman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OSL Railway

16. Date (month and year) last engaged in this work still employed, 19 ____

17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Rowland Isabell

19. Residence (usual place of abode) 923 No Garfield (If non-resident, give place and State) Poca. Ida

20. Color or race white 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Logan Utah (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work still same, 19 ____

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (5) (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth~~ am the Mother of this child, who was born alive at 11:20 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Isabell Jones Mother M. D.

or ____, Midwife

Address Box 395 Malad City Idaho

Give name added from a supplemental report ____ (Date of)

Filed JAN 11 1938 193

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Oneida } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isabell Rowland Jones being first duly sworn says that she is the Mother of Elvin Rowland Jones
(Relationship of child)*

born 7/5/ 1900 at Pocatello Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said child hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. Bean M. D. was the Midwife medical attendant at the birth of said child and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Isabell Rowland Jones

P. O. Address Box 395 Malad City Idaho

Subscribed and sworn to before me this 3 day of January, 1938

L L [illegible]
Notary Public.

Residing at Malad City Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 5 196[illegible]

APR 3 0 1969

A719 210-037-666

RECEIVED
JAN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Owyhee
City of De Lamar
No. ..... St.
Residence
(If born in hospital or institution give name)

Registration District No. ..... State File No. 263351
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Electa Graves Gartin

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth April 10, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Gilmore Gartin	18. Full maiden name Ella Louisa Woodruff
10. Residence (usual place of abode) (If non-resident, give place and State) Malheur Co. Oreg. Caldwell, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Malheur Co. Oreg.
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Buchanan Co. Missouri	22. Birthplace (city or place) (State or Country) Buchanan Co Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor stock ranch	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stock ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 20 1938, 193.... ..... Registrar.

UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more ... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella W. Gartin being first duly sworn says that she is the Mother (Relationship of child)* of Electa Graves Gartin born April 10, 1900 (Date of birth) at DeLamar, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Electa Graves Gartin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Plummer M. D. was the Midwife medical attendant at the birth of said Electa Graves Gartin and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Ella W. Gartin

P. O. Address Caldwell, Idaho

Subscribed and sworn to before me this 18th day of January, 19 38

Mrs. H. J. Thompson
Notary Public.

Residing at Caldwell, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 30 1945

A855 110-023-286

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gem

City of Sweet, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 23 1938

CERTIFICATE OF BIRTH

263510

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles F Hensley

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 10, 1900 (Month, Day, Year)

FATHER

9. Full name Joseph F Hensley

10. Residence (usual place of abode) (If non-resident, give place and State) Sweet Idaho

11. Color or race white | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Forrest City, Ino

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work June, 1937

17. Total time (years) spent in this work all life

MOTHER

18. Full maiden name Mary Shomer

19. Residence (usual place of abode) (If non-resident, give place and State) Sweet Idaho

20. Color or race white | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Luxenburg, Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work Feb, 1938

26. Total time (years) spent in this work all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth no During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed FEB 23 1938 193.....

..... Registrar.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Gem } ss.

Mary Hensley being first duly sworn says that she is the Mother (Relationship of child)* of Eugene E Hensley born July 7, 1896 (Date of birth) at Sweet, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eugene E Hensley ~~Male~~ hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Williams ~~Mid.~~ was the Midwife medical attendant at the birth of said Eugene E Hensley and that the said medical attendant is deceased (~~Now deceased (or) cannot be located~~)

Name of Affiant Mary Hensley

P. O. Address Sweet Idaho

Subscribed and sworn to before me this 18th day of February, 1938

Thos W Breeden
Notary Public.

Residing at Emmett, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 1 1967

MAR 1 8 1968

381-231-035 865

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nezperce Co
City of Nezperce
No. ..... St.
Idaho
(If born in hospital or institution give name.)

MAR 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 264267
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nellie Gale Chase

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	Jan 31, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Elgee C Chase	18. Full maiden name: Mary E Honroth
10. Residence (usual place of abode) (If non-resident, give place and State): Nezperce	19. Residence (usual place of abode) (If non-resident, give place and State): Nezperce
11. Color or race: White; 12. Age at last birthday: 37 (years)	20. Color or race: White; 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Columbia Co Wis	22. Birthplace (city or place) (State or Country): Evansville Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: Jan 31, 1900	25. Date (month and year) last engaged in this work: Same, 19.....
17. Total time (years) spent in this work: 6 yrs	26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Two (2) (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Elgee C Chase father M.D.

or ....., Midwife

Address Nezperce Ida

Filed MAR 7 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Clearwater } ss.

Elgee C Chase being first duly sworn says that

He is the father (Relationship of child)* of Nellie Gale Chase

born Jan 31 1900 (Date of birth) at Nezperce, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Nellie Gale Chase and that this birth has not been previously recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no Medical attendant present M. D. was the Midwife medical attendant at the birth of said at time of birth and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Elgee C Chase

P. O. Address Orofino Idaho

Subscribed and sworn to before me this 4th day of March, 1938

Samuel Swayne
Notary Public.

Residing at Orofino, Ida., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 8 1963

DEC

863-112008-251

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise (Now Gem Co)

City of Ola

No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 13 1938

CERTIFICATE OF BIRTH

264581

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Elmer M Holbrook

3. Sex M | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature X 7½ mo Full term | 7. Legitimate? yes | 8. Date of birth Oct 12, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Holbrook	18. Full maiden name Mary Eliza Beal
10. Residence (usual place of abode) (If non-resident, give place and State) Ola Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ola Ida
11. Color or race W	20. Color or race W
12. Age at last birthday 30 (years)	21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Parma Idaho	22. Birthplace (city or place) (State or Country) Gillinaise
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work always	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc. should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

Signed and sworn to before me this 13 day of April 1938 Pearl Dillingham State Registrar

(Signed) Mary E Holbrook, ~~M. D.~~

or Mother, Midwife

Address Ola Ida

Filed April 6, 1938 J L Reynolds Registrar.

There was no doctor in attendance at time of this birth.

A 435-217 001 958

265581

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265581

MAY 12 1938

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1416 Jefferson St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Florence Rebecca McEvoy

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth August 17 1900 (Month, Day, Year)

FATHER

9. Full name Charles Henry McEvoy

10. Residence (usual place of abode) Boise
(If non-resident, give place and State)

11. Color or race white | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Mendota
(State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 30 years

MOTHER

18. Full maiden name Nora May Zehner

19. Residence (usual place of abode) Boise
(If non-resident, give place and State)

20. Color or race white | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Fort Scott
(State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed MAY 12 1938, 193____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ CALIFORNIA
CITY AND County of ~~Ada~~ SAN FRANCISCO } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora May McEvoy being first duly sworn says that she is the mother of Florence Rebecca McEvoy
(Relationship of child)*

born August 17 1900 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Rebecca McEvoy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Haley M. D. was the Midwife medical attendant at the birth of said Florence Rebecca McEvoy and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Nora May McEvoy
P. O. Address Boise Idaho

Subscribed and sworn to before me this 10 day of May, 19 41

Notary Public.
In and for the City and County of San Francisco
Residing at ~~Boise~~ State of California, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires August 29, 1941

A814123-035 854

265584

MAY 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Nez Perce
City of Lookout
No. Idaho St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 265584

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arnold Archibald Hadford

3. Sex Male | If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 23, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Hadford	18. Full maiden name Betty Catharine Hedin
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Lookout, Idaho~~	19. Residence (usual place of abode) (If non-resident, give place and State) Lookout, Idah
11. Color or race ..... | 12. Age at last birthday 32 (years)	20. Color or race white | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Gefle Sweden	22. Birthplace (city or place) (State or Country) Gefle Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ~~Doctor Carlyle~~ ....., M. D.

or ....., Midwife

Address .....

Filed May, 1938 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Hadford being first duly sworn says that he is the Father (Relationship of child)* of Arnold Archibald born May 23, 1900 (Date of birth) at Lookout, Nez Perce Co., Idaho, whose certificate of birth is hereto attached, and that John Hadford desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Arnold Archibald Hadford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Caryle M. D. was the Midwife medical attendant at the birth of said Arnold Archibald and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant John Hadford

P. O. Address 1216 E. Pawnee Spokane Wn.

Subscribed and sworn to before me this 13 day of May, 1938

James Thorpe
Notary Public.

Residing at Spokane Wash., ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 314-220-025-692 PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

(If born in hospital or institution give name)

RECEIVED JUN 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267728

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melvina Irene Tautfest

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth May 20, 1900 (Month, Day, Year)

FATHER

9. Full name Fred Tautfest

10. Residence (usual place of abode) (If non-resident, give place and State) Ferdinand Ida.

11. Color or race white 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Russia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Katie [illegible] Tautfest

19. Residence (usual place of abode) (If non-resident, give place and State) Ferdinand Ida.

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Russia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fred Tautfest. Father M. D.

or ....., Midwife

Address Ferdinand Idaho

Give name added from a supplemental report .....

(Date of)

Filed JUN 22 1938 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Idaho } ss.

Fred Tautfest being first duly sworn says that he is the Father (Relationship of child)* of Melvina Irene Tautfest.

born May 20 1900 (Date of birth) at Ferdinand, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Melvina Irene Tautfest hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none M. D. was the Midwife medical attendant at the birth of said Melvina Irene Tautfest and that the said medical attendant is none Fred Tautfest (Father) (Now deceased (or) cannot be located)

Name of Affiant Melvina Irene Tautfest

P. O. Address Ferdinand, Ida.

Subscribed and sworn to before me this 18 day of June, 1938

Frank M. Parker
Notary Public.

Residing at Ferdinand, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 25 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 365-224-003-299

PLACE OF BIRTH

County of Bannock

City of Idaho

No. Star Route. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267732

JUN 24 1938

Registration District No. None State File No. 267732

Prim. Registration District No. None Local Registrar's No.

2. FULL NAME OF CHILD Lucille, Elizabeth Longenbohn.

3. Sex Girl | If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth 4th | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 24, 1900 (Month, Day, Year)

FATHER

9. Full name Anton Longenbohn

10. Residence (usual place of abode) (If non-resident, give place and State) Grace Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) I Believe Storm Lake, Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butte, Mont-

16. Date (month and year) last engaged in this work About, 1905

17. Total time (years) spent in this work Dont Rem

MOTHER

18. Full maiden name Eliza, Ann, Kirkham

19. Residence (usual place of abode) (If non-resident, give place and State) Grace

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Franklin, Idaho. 1868

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife &

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm Manager

25. Date (month and year) last engaged in this work Still MGR, 1938

26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead I (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks 0

30. Cause of Stillbirth 0 During labor 0 Before labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was At 2, A, M, May 24 at 1900 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Eliza Longenbohn ~~Only~~ ~~M. D.~~

or ~~Living Witness) Midwife Deceased~~, Midwife

Address

Give name added from a supplemental report ~~Father Died Nov 20, 1932~~
(Date of)

Registrar.

Filed JUN 23 1938, 193

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eliza Ann Longenbohn being first duly sworn says that

is the Mother (Relationship of child)* of Lucille, Elizabeth, Longenbohn,

born May 24, 1900 (Date of birth) at Grace, Bannock Co, Idaho,

whose certificate of birth is hereto attached, and that said Mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lucille Elizabeth Longenbohn,

Midwife Is Deceased hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that If there was any Recording Done Then she Did not know M. D. was the Midwife medical attendant at the birth of said Mrs Stoddard Midwife, Deceased and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Mrs Eliza Longenbohn

P. O. Address Grace, Idaho,

Subscribed and sworn to before me this 23, day of June, 19 38

Notary Public.

Residing at Grace, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A384 124 028 553

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 3 - 1938

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 268858

Prim. Registration District No. 2051 Local Registrar's No. 224

1. PLACE OF BIRTH
County of KOOTENAI
City of HAYDEN LAKE
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD CARL OSCAR THUNBORG

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Oct. 24, 1900 (Month, Day, Year)

FATHER

9. Full name JACOB THUNBORG
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake
11. Color or race .....
12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Ljustorps Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name CHRISTINE NELSON
19. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake
20. Color or race White
21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or Country) Wärmland Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Five (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed July 29, 1938 H. Kutcher MD Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of KOOTENAI } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Christine Thunborg being first duly sworn says that she is the Mother (Relationship of child)* of Carl Oscar Thunborg born Oct 24, 1900 (Date of birth) at Hayden Lake, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Carl Oscar Thunborg hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Rhodes ~~M. D.~~ was the Midwife medical attendant at the birth of said Carl Oscar Thunborg and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Christine Thunborg

P. O. Address Hayden Lake, Idaho

Subscribed and sworn to before me this 29th day of July, 1936

E. T. Anderson
Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Caribou

City of Soda Springs, Idaho

No. 695-122015-236 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 22 1938

CERTIFICATE OF BIRTH 269969

269969

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Churchell Blackburn Scott Winschell

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			x	yes	Oct. 22, 1900

FATHER	MOTHER
9. Full name: Frank Peter Winschell	18. Full maiden name: Nancy Jane Scott
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Auburn, California~~	19. Residence (usual place of abode) (If non-resident, give place and State): ~~Wilmington California~~
11. Color or race: White | 12. Age at last birthday: ~~69~~ 31 (years)	20. Color or race: White | 21. Age at last birthday: ~~59~~ 21 (years)
13. Birthplace (city or place) (State or Country): Cheyenne, Wyoming	22. Birthplace (city or place) (State or Country): Thatcher, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: ....., 19.... | 17. Total time (years) spent in this work: 11 yrs.	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work: 39 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: One (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

..... Registrar.

(Signed) Ellis Kaeck Ly, M. D.

or ..... Midwife

Address Soda Springs Idaho

Filed ....., 193.... ..... Registrar.

AUG 22 1938

859-211001-819

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of near Boise

No. State of Idaho St.

home

(If born in hospital or institution give name.)

SEP 2 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 270048

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lula Frances Heron

3. Sex Female | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1st | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Oct 11, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Elroy Heron	18. Full maiden name Montre Harvey ~~[illegible]~~
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race white | 12. Age at last birthday 33 ~~[illegible]~~ 33 (years)	20. Color or race white | 21. Age at last birthday ~~[illegible]~~ 27 (years)
13. Birthplace (city or place) (State or Country) Middleton Idaho	22. Birthplace (city or place) (State or Country) Columbus Kentucky
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. + ~~[illegible]~~	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work November 25 1917 | 17. Total time (years) spent in this work ~~[illegible]~~	25. Date (month and year) last engaged in this work ~~Still~~, 1938 | 26. Total time (years) spent in this work ~~[illegible]~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) One (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 11:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) X Gaylord P. [illegible], M. D.

or [illegible], ~~Midwife~~

Address P. O. Box 33 Eagle Idaho

Give name added from a supplemental report .....

(Date of)

Filed SEP 1938, 193..

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Ada } ss.

Gardoner P. Harvey being first duly sworn says that he is the Grandfather of Lula Francis Heron Peck

(Relationship of child)*

born Boise Idaho Oct 11-1900 at Boise Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lula Francis Heron

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Gardoner P. Harvey M.D. M. D. was the Midwife medical attendant at the birth of said Lula Francis Heron and that the said medical attendant ~~is~~ was Gardoner P. Harvey M.D.
(Now deceased (or) cannot be located)

Name of Affiant Gardoner G P Harvey

P. O. Address Box 33 - Eagle Idaho

Subscribed and sworn to before me this 30th day of August, 1937

M. G. Trout
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 7 1965

814 117 014 132

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

273305

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. ____ St. ____
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ira Mervin Hamilton Jr. Ira Mervin Hamilton, Jr.

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Oct 17, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ira Mervin Hamilton	18. Full maiden name: Anna Tom[illegible] Albertson
10. Residence (usual place of abode) (If non-resident, give place and State): Parma Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Parma, Idaho
11. Color or race: White 12. Age at last birthday: 34 (years)	20. Color or race: White 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Robinson Illinois	22. Birthplace (city or place) (State or Country): Hastings Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housekeeper
16. Date (month and year) last engaged in this work: Oct 17, 1900	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: 34	26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2 A m. on the date above stated.

(Signed) Anna Tomine Hamilton Mother, M. D.
or Present address: ____, Midwife
Address Milford, California

Filed DEC 5 1938, 193____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar. ____ Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of CALIFORNIA,
County of Lassen, } ss.

Anna Tomine Hamilton being first duly sworn says that she is the mother (Relationship of child)* of Ira Mervin Hamilton, Jr. born Oct 17 1900 (Date of birth) at Parma Canyon County Idaho, whose certificate of birth is hereto attached, and that Anna Tomine Hamilton desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ira Mervin Hamilton, Jr. hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Bertha Albertson, Mid-wife M.D. was the Midwife medical attendant at the birth of said Ira Mervin Hamilton, Jr. and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Anna Tomine Hamilton

P. O. Address Present Address: Milford, California

Subscribed and sworn to before me this 3rd day of December, 19 38

Hardin Barry Notary Public.

Residing at Susanville California, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

719 230022-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274335

1. PLACE OF BIRTH

County of Fremont,
City of Lake,
No. ____ St.
Idaho.
(If born in hospital or institution give name.)

DEC 29 1938
Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ELLA GRACE GARNER

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female.	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	____	May 30, 1900.

FATHER	MOTHER
9. Full name: George Garner	18. Full maiden name: Mary Peirsol MacLaurin
10. Residence (usual place of abode) (If non-resident, give place and State): Lake, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Lake, Idaho.
11. Color or race: White. 12. Age at last birthday: 32 (years)	20. Color or race: White. 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): State of Michigan.	22. Birthplace (city or place) (State or Country): Philadelphia, Pa.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Resort Keeper.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Resort.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home.
16. Date (month and year) last engaged in this work: At time of birth	25. Date (month and year) last engaged in this work: May 30, 1900.
17. Total time (years) spent in this work: 4 yrs.	26. Total time (years) spent in this work: 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: Yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Omary P. Garner.

Mother.

Address Lake, Idaho.

Filed DEC 29 1938, 193

Registrar.

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho, } ss.
County of Fremont, }

Mary P. Garner being first duly sworn says that she is the mother (Relationship of child)* of Ella Grace Garner born May 30th, 1900, (Date of birth) at Lake, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ella Grace Garner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Rosetta Garner, ~~XXX~~ was the Midwife medical attendant at the birth of said Ella Grace Garner and that the said medical attendant is now deceased, having died on February 27, 1907. (Now deceased (or) cannot be located)

Name of Affiant Mary P. Garner

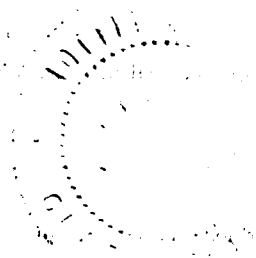
P. O. Address Lake, Idaho.

Subscribed and sworn to before me this 22nd day of December, 19 38.

Ralph Litton
Notary Public.

Residing at St. Anthony, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Custer

City of Barton

No. 212-405019291 St.

Idaho

(If born in hospital or institution give name.)

RECEIVED DEC 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274393

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lein Baker

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth 7/5/1900 193 (Month, Day, Year)

FATHER

9. Full name Horace D Baker

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Lafayette County Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Range

16. Date (month and year) last engaged in this work Fall, 1910

17. Total time (years) spent in this work ten yrs

MOTHER

18. Full maiden name Mary Elizabeth Bradshaw

19. Residence (usual place of abode) (If non-resident, give place and State) ~~[illegible]~~ now Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Malad Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work —, 19—

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? — first child

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor ..... Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10 p. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Horace D. Baker, ~~M. D.~~

or ..... Father, ~~Midwife~~

Address .....

Give name added from a supplemental report .....
(Date of)

Filed DEC 20 1938, 193 .....

Registrar. Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Horace D. Baker being first duly sworn says that

he is the father (Relationship of child)* of Lein J. Baker

born July 5, 1900 (Date of birth) at Barton, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lein J. Baker

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. John Bascom ~~MXDXWXF~~ the Midwife medical attendant at the birth of said Lein J. Baker and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Horace D Baker.

P. O. Address Ashton Idaho

Subscribed and sworn to before me this twentieth day of December, 1938

Dudley M. Gray
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Nov. 25, 1940 L.B.

A 693123 025-191

2N 364

WRITE PLAINLY WITH UNFA... ...IS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Kooskia

No. — St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 14 1939

CERTIFICATE OF BIRTH

275364

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oren Aram Fitzgerald

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 23, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Porter Fitzgerald	18. Full maiden name Clara Helen Aram
10. Residence (usual place of abode) (If non-resident, give place and State) Kooskia, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville, Idaho
11. Color or race White | 12. Age at last birthday 45 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Jay County Indiana	22. Birthplace (city or place) (State or Country) Grangeville, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work Full time, 19.... | 17. Total time (years) spent in this work —	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed 1/14/39, 193.. .....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Helen Fitzgerald being first duly sworn says that she is the Mother (Relationship of child)* of Oren Aram Fitzgerald born June 23, 1900 (Date of birth) at Kooskia, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Oren Aram Fitzgerald hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wohlenberg, Kooskia, M. D. was the ~~Midwife~~ medical attendant at the birth of said child and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Edgar Helen Fitzgerald

P. O. Address Grangeville Idaho

Subscribed and sworn to before me this 17 day of July, 1939

Notary Public.

Residing at Grangeville Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-225 038-868

275441

1. PLACE OF BIRTH

County of Payette (at time of birth) Canyon

City of New Plymouth

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 10 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Abbie French

3. Sex Female | If plural births: 4. Twin, triplet, or other ——— 5. Number, in order of birth ——— | 6. ~~Premature~~ Full term yes | 7. Legitimate? Yes | 8. Date of birth Nov. 25, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Porter French	18. Full maiden name Hazel Hastings Hoyt
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
11. Color or race White | 12. Age at last birthday 24 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Mason City Iowa	22. Birthplace (city or place) (State or Country) Madison Wisconsin U.S.A.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rancher	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 3 yrs	25. Date (month and year) last engaged in this work November, 1900 | 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ———

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ——— (c) Stillborn ———

29. If stillborn, period of gestation ——— months or weeks | 30. Cause of stillbirth ——— Before labor ——— During labor ———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

..... Registrar.

Filed FEB 10 1939, 193.... ..... Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that Florence Abbie French is the Daughter of Fred Porter French
(Relationship of child)*

born New Plymouth Idaho at November 25 1900, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that the father desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Abbie French

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Jenny Langley ~~M. D. was the~~ Midwife medical attendant at the birth of said Florence Abbie French and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Fred Porter French

P. O. Address 518 State St - Boise, Idaho

Subscribed and sworn to before me this 9th day of February, 1934

Luther W. Lennyson
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 24 1965

331-203-025-434

276418

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276418

1. PLACE OF BIRTH
County of Idaho
City of Clearwater FEB 20 1939
No. ~~St.~~ Suburban—family home one-half mile from town
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy May Clarke

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 3, 1900 (Month, Day, Year)

FATHER

9. Full name Walter Sheldon Clarke
10. Residence (usual place of abode) (If non-resident, give place and State) Clearwater, Ida
11. Color or race White | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or Country) near Circleville Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper,~~ etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work ~~Prior~~ May, 1900 | 17. Total time (years) spent in this work 27

MOTHER

18. Full maiden name Almira J McDaniel
19. Residence (usual place of abode) (If non-resident, give place and State) Clearwater, Ida.
20. Color or race White | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or Country) near Coffeeville Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work May, 1900 | 26. Total time (years) spent in this work 27

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ am acquainted with the birth of this child, who was born alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) See attached affidavits, M. D.
or ....., Midwife
Address .....
Filed FEB 20 1939 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Union } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elma Clarke Monroe being first duly sworn says that she is the sister of Dorothy May Clarke
(Relationship of child)*

born May 3, 1900 near Clearwater, Idaho County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dorothy May Clarke hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Elizabeth Stewart ~~M. D.~~ was the Midwife, medical attendant at the birth of said Dorothy May Clarke and that the said ~~medical attendant~~ midwife is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Elma Clarke Monroe

P. O. Address La Grande Oregon

Subscribed and sworn to before me this 23rd day of May, 1938.

Howard Carpenter
Notary Public.

Residing at La Grande, Oregon, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 2 4 1966

SEP 24 19[illegible]

239-125-029-239

277417

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Cora P O Idaho MAR 22 1939

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277417

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Irving Strong

3. Sex: Male

If plural births: 4. Twin, triplet, or other: One; 5. Number, in order of birth: .....

6. Premature: ..... Full term: Yes

7. Legitimate? Yes

8. Date of birth: Apr. 25, 1898.00 (Month, Day, Year)

FATHER

9. Full name: Ralph Irving Strong

10. Residence (usual place of abode) (If non-resident, give place and State): Spokane Wash

11. Color or race: White | 12. Age at last birthday: 47 (years)

13. Birthplace (city or place) (State or Country): Ogle Co. Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Hannah Jane Strong.

19. Residence (usual place of abode) (If non-resident, give place and State): Deceased

20. Color or race: White | 21. Age at last birthday: 44 (years)

22. Birthplace (city or place) (State or Country): La Grange Co. Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 9
(a) Born alive and now living: 8 (b) Born alive but now dead: 1 (c) Stillborn: .....

29. If stillborn, period of gestation: ..... months or weeks

30. Cause of stillbirth: ..... Before labor: ..... During labor: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Ralph Irving Strong (Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed MAR 22 1939, 193.....

Registrar.

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Spokane }

Ralph Irving Strang being first duly sworn says that he is the Father (Relationship of child)* of Harold Irving Strang born apr 25th 1900 (Date of birth) at Cora PO, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Harold Irving Strang hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no Doctor M. D. was the Midwife medical attendant at the birth of said Midwife Deceased and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant R I Strang

P. O. Address

Subscribed and sworn to before me this 17th day of March, 1939

J P Rogers
Notary Public.

Residing at Spokane Wash, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

343-26-2-2-2-2-893

RECEIVED MAR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

277421

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ____ St. Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Dorris Josephine Tuttle

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Oct 16, ~~1906~~ 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Robert Fredrick Tuttle	18. Full maiden name: Mary Etta Hillman
10. Residence (usual place of abode) (If non-resident, give place and State): Bonanza Oregon	19. Residence (usual place of abode) (If non-resident, give place and State): Bonanza Ore.
11. Color or race: White | 12. Age at last birthday: 39 (years)	20. Color or race: White | 21. Age at last birthday: 74 (years)
13. Birthplace (city or place) (State or Country): Laytonville Calif	22. Birthplace (city or place) (State or Country): Topeka Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer and Stock Raiser	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: May 1st, 1930	25. Date (month and year) last engaged in this work: July 1st, 1938
17. Total time (years) spent in this work: 49 years	26. Total time (years) spent in this work: 54 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: Six (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Joseph R. Nicholson, M. D.
or ____, Midwife
Address RFD Weiser Idaho (Rose Basin)

Filed MAR 24 1939, 193

Registrar. Registrar.

A433-164-640-319

277469

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277469

APR 11 1939

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gilbert Charles McCleary

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term 700 | 7. Legitimate? yes | 8. Date of birth 12-4-1900 193. (Month, Day, Year)

FATHER

9. Full name William Spencer McCleary
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Des Moines, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. independent
16. Date (month and year) last engaged in this work 12-1900, 19
17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Anna Velocity Carmody
19. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida.
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) uncertain Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 12-1900, 19
26. Total time (years) spent in this work 4

What prophylactic was used to prevent Ophthalmia Neonatorum? boric acid water

Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

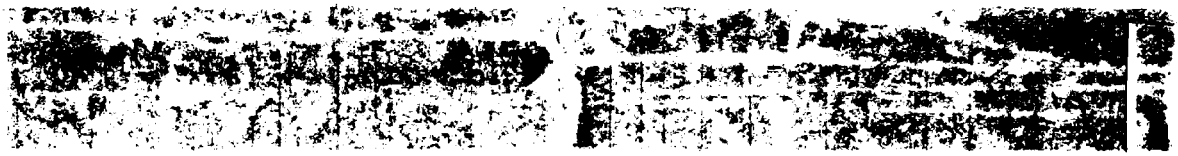
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) Filed APR 11 1939, 193

Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clarence W. McCleary being first duly sworn says that he is the brother (Relationship of child)* of Gilbert Charles McCleary born 12-4-1900 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that Gilbert Charles McCleary desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gilbert Charles McCleary hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Gilbert Charles McCleary and that the said medical attendant [redacted] (Now deceased (or) cannot be located)

Name of Affiant C. W. McCleary

P. O. Address Box 413 Kellogg Idaho

Subscribed and sworn to before me this 3 day of April, 1939

Mary M Hunt
Notary Public.

Residing at Kellogg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT [illegible] 1965

SEP 16 1958

813-109-029 697

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277529

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Juliaetta
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Wesley Hall

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 9, 1900 (Month, Day, Year)

FATHER

9. Full name William Washington Hall
10. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Hardin, (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work April 9, 1900
17. Total time (years) spent in this work seven

MOTHER

18. Full maiden name Lillie May Fix
19. Residence (usual place of abode) (If non-resident, give place and State) Juliaetta
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Dayton (State or Country) Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work April 9, 1900
26. Total time (years) spent in this work six

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11 P m. on the date above stated.

(Signed) W W Hall, M.D.

Address .....

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Filed MAR 22 1939, 193 MAR 22 1939

Registrar.

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. W. Hall and Lillie M. Hall being first duly sworn says that Robert Wesley Hall is the Son (Relationship of child)* of William Washington Hall and Lillie May Hall

born April 9, 1900 (Date of birth) at Juliaetta, Idaho,

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Wesley Hall

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant at the birth ~~M. D. was the, Midwife medical attendant at the birth of said and that the said medical attendant is:~~

(Now deceased (or) cannot be located)

Name of Affiant W W Hall Moscow, Idaho

P. O. Address Lillie M. Hall Moscow, Idaho

Subscribed and sworn to before me this 20th day of March, 19 39

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 1 1 1942

A 893-208-037-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED APR 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277539

Registration District No. 43 State File No.

Prim. Registration District No. 2120 Local Registrar's No. 27

1. **PLACE OF BIRTH**
County of Owyhee
City of Murphy
No. St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Ana Hicks

3. Sex: female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature No Full term Yes
7. Legitimate? Yes
8. Date of birth June 8, 1930 (Month, Day, Year)

FATHER

9. Full name Robert Fugate Hicks
10. Residence (usual place of abode) (If non-resident, give place and State) Murphy Ida
11. Color or race White 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) near Kirksville Missouri U.S.A.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teamster
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. stage between Murphy & Silver City
16. Date (month and year) last engaged in this work June, 1930
17. Total time (years) spent in this work 6 mo.

MOTHER

18. Full maiden name Ellen King
19. Residence (usual place of abode) (If non-resident, give place and State) Murphy
20. Color or race White 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) near Galway Ireland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work June, 1930
26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ... months or weeks
30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..., M. D.
or ..., Midwife
Address ...

Give name added from a supplemental report ...
(Date of)

Filed April 1st, 1939 T. H. Leonard
Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of King }

Ellen King Hicks being first duly sworn says that she is the mother (Relationship of child)* of Nora Hicks born June 8 - 1905 (Date of birth) at Murphy, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Nora Hicks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that There was no doctor or M. D. was the Midwife medical attendant at the birth of said Nora Hicks and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant Ellen King Hicks

P. O. Address 2611 - 24 ave. N. Seattle Wash.

Subscribed and sworn to before me this 29 day of March, 1939

Notary Public.

Residing at Seattle Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

278496

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 24 1939

Registration District No. ____ State File No. 278496

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Kooskia
No. ____ St.
849-706-025-239
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Lee Quinlan

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 6, 1938 (Month, Day, Year)

FATHER

9. Full name Cornelius James Quinlan
10. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Ireland County Cork

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Frances Bell Stratton
19. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Sioux Falls South Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Frances B Lumbar Mother, Midwife
Address ____

Filed Apr 24 1939, 193____

Registrar. Registrar.

STATE OF IDAHO

278496

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of British Columbia
County of Kootenay } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances Zelle Lumsden being first duly sworn says that

She is the mother of George Leo Lumsden
(Relationship of child)*

born December 6th 1900 at Kootenay, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Leo Lumsden

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Atkinson M. D. was the Midwife medical attendant at the birth of said Duncan George Leo Lumsden and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Frances Z. Lumsden

P. O. Address Cranbrook B.C.

Subscribed and sworn to before me this 20th day of April, 1937

[signature]
Notary Public.

Residing at Cranbrook B.C., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A943207008 - 315

278516

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278516

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise now Valley
City of Van Wyck now Cascade
No. ..... St.
(If born in hospital or institution give name.)

APR 27 1939

2. FULL NAME OF CHILD Pansy Ellen Rutledge

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth aug 7, 1900 (Month, Day, Year)

9. FATHER	18. MOTHER
9. Full name: James Edward Rutledge	18. Full maiden name: Louie Lilliette Landseth
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White 12. Age at last birthday: ~~33~~ 34 (years)	20. Color or race: White 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): El Paso Illinois	22. Birthplace (city or place) (State or Country): Story county, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: six (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed APR 27 1939, 193... .....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

278516

STATE OF IDAHO

C.A.Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Canyon }

James Edward Rutledge being first duly sworn says that he is the father of Pansy Ellen Rutledge.
(Relationship of child)*

born August 7-1900 at Van Wycknow Cascade, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that James Edward Rutledge desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Pansy Ellen Rutledge hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Evans M. D. was the Midwife medical attendant at the birth of said Pansy Ellen Rutledge and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant James Edward Rutledge

P. O. Address Middleton, Idaho.

Subscribed and sworn to before me this 25 day of April, 1939

Chas. Gerhauser
Notary Public.

NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 1939
RESIDING AT MIDDLETON, IDAHO

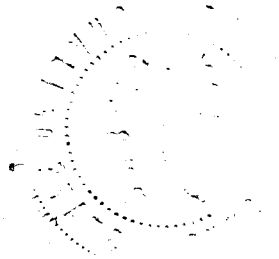
Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 4 1947

[redacted]

[redacted]



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278603

1. PLACE OF BIRTH
County of Nez Perce
City of Chesley, Idaho
No. 512-125035-296 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Levi Curtis Easter

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term Yes	7. Legitimate? Yes	8. Date of birth June 25, 1901 (Month, Day, Year)
Male				

FATHER

9. Full name Levi Curtis Easter
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Bieglow, Missouri (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Present, 19.....
17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Clara Bell Brown
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Prairieburg, Iowa (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Present, 19.....
26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 4 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bron alive (Born Alive or Stillborn) at 9 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Clara Bell Easter Mother
or ..... Midwife
Address PALOUSE, Wn

Filed May, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whitman } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Bell Easter being first duly sworn says that she is the mother (Relationship of child)* of Levi Curtis Easter born June 25, 1901 (Date of birth) at Chesley, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Levi Curtis Easter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. George Hoke ~~Mr.~~ was the Midwife medical attendant at the birth of said Levi Curtis Easter and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Clara Bell Easter

P. O. Address Palouse, Washington

Subscribed and sworn to before me this 15th day of May 1939

Notary Public.

Residing at Palouse, Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF Washington)
County of _____) ss

DEPARTMENT OF PUBLIC WELFARE
Division of Public Health
Bureau of Vital Statistics

AFFIDAVITS FOR CORRECTION OF A RECORD

State File No. 278603

Clara Bell Easter (Name of Affiant) of Palouse, Washington (Address)

being first duly sworn, deposes and says that ~~he~~ she is the Mother (If related, specify degree-if friend or otherwise, so state)

of Levi Curtis Easter who was born ~~who was born~~ at 9 PM in the city

of Chesley, Idaho, County of Nez Perce, on the 25th day of June, 1901

as stated in a certificate of ~~birth~~ filed by Clara Bell Easter (Mother) with the Local (Name of physician or midwife for birth, undertaker for death)

Registrar for the city of Chesley, County of Nez Perce, Idaho on the 17th day

of May, 1939.

That the following facts set forth in said certificate are not correctly stated therein,

to wit: Year of Birth 1901

That affiant upon ~~his~~ ~~her~~ her own knowledge states the true facts to be, and the changes necessary

to make the record correct are, as follows: Year of Birth 1900

(SEAL) (Affiant) Clara Bell Easter

(ADDRESS) Palouse Wash

Subscribed and sworn to before me this 3rd day of August, 1939.

Marie Johnson
Notary Public
My commission expires June 9, 1943

STATE OF ~~Yakima~~ Washington
County of Yakima ss

Clara Bell Easter, of Palouse, Wash.
(Name of Affiant) (Address)

being first duly sworn, deposes and says that ~~he~~ she has knowledge of the facts herinbefore alleged and that the said facts as stated are true.

(Affiant) _____

(Address) _____

Subscribed and sworn to before me this _____ day of _____, 193_____.

_____

My commission expries _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 279691

JUN 10 1939

1. PLACE OF BIRTH
County of Idaho
City of FREEDOM - IDAHO
No. A851 205-025-295 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bessie Blanch Heap

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth July 5, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name George W. Heap	18. Full maiden name Margaret Ann Brown
10. Residence (usual place of abode) (If non-resident, give place and State) Freedom - Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 50 years	20. Color or race White | 21. Age at last birthday 40 years
13. Birthplace (city or place) (State or Country) Cedargrove - Indiana	22. Birthplace (city or place) (State or Country) Manti, Sanpete Co. Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. /	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work July 5, 1900	17. Total time (years) spent in this work 33
25. Date (month and year) last engaged in this work July 5, 1900	26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. } Dead

(Signed) Dead, M. D.

or ", Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193...

Registrar.

JUN 10 1939

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Ann Heap being first duly sworn says that she is the mother of Bessie Blanch Heap
(Relationship of child)*

born ~~Bessie Blanch Heap~~ July 5, 1900 at ~~[illegible]~~, ~~[illegible]~~ Freedom, Idaho, ~~xxx~~, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Bessie Blanch Heap hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Margaret Ann Heap
P. O. Address Fruitland, Idaho

Subscribed and sworn to before me this 17th day of February, 1939

B. J. [illegible]
Notary Public.

Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 6 1962

455-106-010-455

280765

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD St.

(If born in hospital or institution give name.)

RECEIVED JUL 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 280765

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Obed Harrison Dennis

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth Feb. 6th, 1900 (Month, Day, Year)
male				

FATHER

9. Full name: Samuel Walter Dennis

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

11. Color or race: white 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country): Plainfield, Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: printer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: newspaper

16. Date (month and year) last engaged in this work: Feb. 6, 19 00

17. Total time (years) spent in this work: 10 yrs

MOTHER

18. Full maiden name: Sarah Smith Dennis

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

20. Color or race: white 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country): Macedon, New York

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: public schools

25. Date (month and year) last engaged in this work: May 30, 19 1899

26. Total time (years) spent in this work: 11 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child): 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Clarence W. Dennis, M. D.

or Father, ~~XXXX~~ Midwife

Address Idaho Falls, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed July, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Samuel W. Dennis being first duly sworn says that he is the father (Relationship of child)* of Obed Harrison Dennis born February 6th, 1900 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Samuel W. Dennis desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Obed Harrison Dennis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Cook ~~MXX~~ was the Midwife medical attendant at the birth of said Obed Harrison Dennis and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Samuel W. Dennis

P. O. Address Idaho Falls, Idaho

Subscribed and sworn to before me this 14th day of July, 19 39

L. E. Dennis
Notary Public.

Residing at Idaho Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

693 - 281.009-713

281896

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281896

RECEIVED JUL 20 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonner.
City of Sandpoint
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Ethel Susannah Wicks

3. Sex: Female

If plural births: 4. Twin, triplet, or other: Twin; 5. Number, in order of birth: 3

6. Premature: Yes; Full term: ____

7. Legitimate? Yes

8. Date of birth: Mar. 1, 1900 (Month, Day, Year)

FATHER

9. Full name: Carl Gustav Wicks

10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

11. Color or race: White | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Stockholm, Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: Mar. 1, 1900

17. Total time (years) spent in this work: 5

MOTHER

18. Full maiden name: Sarah Jane Palmer

19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

20. Color or race: White | 21. Age at last birthday: 17 (years)

22. Birthplace (city or place) (State or Country): Dufur, Oregon.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: Mar. 1, 1900

26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother: 3 (At time of this birth and including this child)
(a) Born alive and now living: 3 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 7 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah Jane Wicks, Mother

or ____, Midwife

Address Sagle, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed JUL 20 1939, 193__

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK. A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C.A.Bottolfsen, [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO,
County of Bonner. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Jane Wicks being first duly sworn says that she is the mother (Relationship of child)* of Ethel Susannah Wicks born March 1, 1900 (Date of birth) at Sandpoint, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ethel Susannah Wicks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Briscoe was the Midwife medical attendant at the birth of said Ethel Susannah Wicks and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Sarah Jane Wicks.

P. O. Address Sagle, Idaho

Subscribed and sworn to before me this 18th. day of July, 19 39.

Notary Public.

Residing at Sandpoint, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DO NOT INK—THIS

A763-229.01K-412

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 22 1939

281900

Registration District No. ____ State File No. 281900

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Canyon
City of Middleton
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bessie Bertha Polley

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth March 29 1900 (Month, Day, Year)

FATHER

9. Full name Lorenzo C. Polley
10. Residence (usual place of abode) (If non-resident, give place and State) Middleton
11. Color or race white 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. for himself
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 30 yrs

MOTHER

18. Full maiden name Cora Edith Mabee
19. Residence (usual place of abode) (If non-resident, give place and State) Middleton
20. Color or race white 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living 5 (b) Born alive but now dead 3 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed JUL 22 1939, 193____

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lorenzo C. Polley being first duly sworn says that

he is the father (Relationship of child)* of Bessie B. Polley

born March 29, 1900 (Date of birth) at Middleton, Canyon Co., Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bessie B. Polley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ed Maxey M. D. was the Midwife medical attendant at the birth of said Bessie B. Polley and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lorenzo C. Polley

P. O. Address Middleton, Idaho

Subscribed and sworn to before me this 22nd day of July, 1939

Wm E. Dunbar
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 23 1942

(113-106-002-195

JUL 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78/911

Registration District No. ..... State File No. 281911

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Downey Idaho
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Isedor Harold Malm

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth January 6, ~~1906~~ 1900 (Month, Day, Year)

FATHER

9. Full name Erik Malm
10. Residence (usual place of abode) ~~(If non-resident, give place and State)~~ Downey Idaho
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Stockholm (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work August, 1929 | 17. Total time (years) spent in this work 12yrs

MOTHER

18. Full maiden name Eli Arnesen
19. Residence (usual place of abode) ~~(If non-resident, give place and State)~~ Downey
20. Color or race White | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Christiania (State or Country) Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work February, 1937 | 26. Total time (years) spent in this work 41

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) ....., ~~M. D.~~
XX or Erik Malm Father, ~~Midwife~~
Address Downey, Idaho.
Filed JUL 24 1939, 193...
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF ~~IDAHO~~ Utah

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Utah
County of Salt Lake } ss.

Erik Malm being first duly sworn says that he is the Father (Relationship of child)* of Isedor Harold Malm born January 6 1900 (Date of birth) at Downey, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Isedor Harold Malm hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Isedor Harold Malm and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

XX Name of Affiant Erik Malm

P. O. Address 727 Richards Street Salt Lake City Utah

Subscribed and sworn to before me this 15 day of May, 1939

E Grunald
Notary Public

Residing at Salt Lake City, ~~Idaho~~ Utah

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-122-235-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

~~City of~~ and Fruitfarm

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 4 1939

CERTIFICATE OF BIRTH

281963

Registration District No. ..... State File No. 281963

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Chester Arthur Hinman

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth April 22, 1900 (Month, Day, Year)

FATHER

9. Full name: Arthur B. Hinman

10. Residence (usual place of abode) (If non-resident, give place and State): farm in Idaho

11. Color or race: W | 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Agnes H. Stevens

19. Residence (usual place of abode) (If non-resident, give place and State): farm in Idaho

20. Color or race: W | 21. Age at last birthday: 37 (years)

22. Birthplace (city or place) (State or Country): Pasadena California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Agnes H Hinman, ~~M. D.~~

or (mother), ~~Midwife~~

Address Rt 2, Box 979, Bremerton, Washington

Filed Aug 4, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1939

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Nez Perce } ss.

Agnes W. Hinnman being first duly sworn says that

she is the mother of Chester Arthur Hinnman
(Relationship of child)*

born April 22, 1900 at a fruit farm in Nezperce, ~~Idaho~~ County,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Hinnman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Chester Arthur Hinnmann hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J B Morris M. D. was the Midwife medical attendant at the birth of said Chester Arthur Hinnman and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Agnes W. Hinnman

P. O. Address Rt 2 Box 979 Bremerton Wash.

Subscribed and sworn to before me this 3 day of August, 1939.

Phil Metzger
Notary Public.

CLERK OF THE DISTRICT COURT AND EX-OFFICIO RECORDER

Residing at ~~Lewiston~~, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A485-281-029-485

281976

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281976

AUG 9 1939

1. PLACE OF BIRTH
County of Latah
City of Troy (near)
No. ____ St. ____
(If born in hospital or institution give name)

Registration District No. 6-1 State File No. ____
Prim. Registration District No. 1011 Local Registrar's No. 912

2. FULL NAME OF CHILD Florence Edith Dyer

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female				Yes	Sept. 1, 1920 (Month, Day, Year)

FATHER

9. Full name: Bauge Dyer
10. Residence (usual place of abode) (If non-resident, give place and State): Troy, Idaho
11. Color or race: white | 12. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Powder Springs, Tenn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Stella Dyer
19. Residence (usual place of abode) (If non-resident, give place and State): Troy, Idaho
20. Color or race: white | 21. Age at last birthday: 18 (years)
22. Birthplace (city or place) (State or Country): Claycenter, Kans.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation: ____ months or weeks
30. Cause of Stillbirth: During labor: ____ Before labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of) ____

(Signed) [redacted], M. D.
or ____, Midwife
Address ____

AUG 10 1939

Filed 8-2, 1939

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Franklin }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stella Dyer being first duly sworn says that she is the mother (Relationship of child)* of Florence Edith Dyer Palmer born Sept. 1, 1900 (Date of birth) ~~at~~ near Troy, Latah County, Idaho, whose certificate of birth is hereto attached, and that Stella Dyer desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Florence Edith Dyer Palmer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Eliza Byers, midwife ~~was~~ was the Midwife medical attendant at the birth of said Florence Edith Dyer Palmer and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Stella Dyer

P. O. Address 110 North 11 Street

Subscribed and sworn to before me this 1st day of August, 19 39

John Mangan
Court Commissioner for superior ~~Notary Public~~
court for the said county and state
Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A515-113-029-264

282584

283084

RECEIVED
SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 283084

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Rural St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Major Vande Vanter

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 13, 1900 (Month, Day, Year)

FATHER

9. Full name: Elza Vande Vanter

10. Residence (usual place of abode) (If non-resident, give place and State): dead

11. Color or race: white | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Penora Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operated Thresher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Thresh grain for farmers

16. Date (month and year) last engaged in this work: Fall of, 1922

17. Total time (years) spent in this work: 27

MOTHER

18. Full maiden name: Ida Ann South

19. Residence (usual place of abode) (If non-resident, give place and State): Middleton Idaho

20. Color or race: white | 21. Age at last birthday: 33 (years)

22. Birthplace (city or place) (State or Country): Penora Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: Still working, 1939

26. Total time (years) spent in this work: 57 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
five
(a) Born alive and now living five (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed SEP 12 1939, 193... .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Spokane } ss.

Ida Ann Vande Vanter being first duly sworn says that she is the mother (Relationship of child)* of William Major Vande Vanter born July 13 - 1900 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Major Vande Vanter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs E. J. Hammond M. D. was the Midwife medical attendant at the birth of said William Major Vande Vanter and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ida Ann Van De Vanter

P. O. Address Spokane Wash. R.R# 5

Subscribed and sworn to before me this 9th day of Sept, 1939.

L. D. Means
Notary Public.

Residing at Spokane Wash, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284163

RECEIVED SEP 22 1939

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 730 No. Arthur St.
A438-216003-669
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 284163
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Laura McHan

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	March 16, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Ansel McHan	18. Full maiden name: Jeannie Cochrane Forrest
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello
11. Color or race: W | 12. Age at last birthday: 34 (years)	20. Color or race: W | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Malcom, Georgia	22. Birthplace (city or place) (State or Country): Brigham City, Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Springmaker	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ore. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: Dec. 1900, 19	17. Total time (years) spent in this work: 10 Yrs.
25. Date (month and year) last engaged in this work: ....., 19	26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Three (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation: 5 Mo. (months or weeks)

30. Cause of Stillbirth: (During labor ..... Before labor .....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....
(Date of)

Filed SEP 22 1939, 193....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jeanne Cochran McHam being first duly sworn says that
She is the mother of Helen Laura McHam
(Relationship of child)*
born Mar 16 1900 at Pocatello, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Child
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J H Beam M. D. was the ~~Midwife~~ medical attendant at the birth of said Helen Laura McHam and that the said medical attendant is now deceased
(Now deceased (or) ~~cannot~~ be located)

Name of Affiant Jeanne Cochran McHam
P. O. Address 730 N Arthur Pocatello Ida

Subscribed and sworn to before me this 18th day of July, 1939

Merle Hutchinson
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

315-219029-753

284224

1. PLACE OF BIRTH

County of Latah

City of Harvard

No. ..... St.

(If born in hospital or institution give name.)

OCT 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 284224

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maude Helen Canfield

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth June 19, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Homer Canfield	18. Full maiden name: Rhoda Ladeau Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) Harvard, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Harvard, Ida.
11. Color or race White 12. Age at last birthday 41 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Southfield Massachusetts	22. Birthplace (city or place) (State or Country) Newport New Jersey
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm
16. Date (month and year) last engaged in this work June 19, 1900	25. Date (month and year) last engaged in this work June 19, 1900
17. Total time (years) spent in this work 16 yrs.	26. Total time (years) spent in this work 14 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ MOTHER

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Rhoda L Canfield, ~~M.D.~~

or Mother, ~~M.D.~~

Address Harvard, Idaho

Give name added from a supplemental report .....

(Date of)

Filed OCT 6 1939, 193..

Registrar.

Registrar.

...CONFIDENTIAL INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Latah }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rhoda L. Canfield being first duly sworn says that she is the Mother (Relationship of child)* of Maude Helen Canfield born June 19, 1900 (Date of birth) at Harvard, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Maude Helen Canfield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Esther Plowman ~~was~~ was the Midwife medical attendant at the birth of said Maude Helen Canfield and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rhoda L Canfield

P. O. Address Harvard, Idaho

Subscribed and sworn to before me this 5th day of October, 19 39

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NEVER use abbreviations. In case of more than one child at birth a Separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of 363 222 038 386
City of Payette
No. No street numbers then St.
Born in Gilmore Hotel.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 9 1939

CERTIFICATE OF BIRTH

284226

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alda Lenore Cochran

3. Sex female

If plural births { 4. Twin, triplet, or other -- / 5. Number, in order of birth --

6. Premature -- Full term yes

7. Legitimate? yes

8. Date of birth July 28, 1900 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	William Hugh Cochran	18. Full maiden name: Flora Estella Thompson
10. Residence (usual place of abode) (If non-resident, give place and State)	Payette, Idaho	19. Payette, Idaho
11. Color or race / 12. Age at last birthday (years)	white / 27	20. white / 21. 22
13. Birthplace (city or place) (State or Country)	Brownville Linn County, Oregon	22. Brumly. Miller Co., Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. housekeeper-housewive
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Livestock raiser & dealer	24. --
16. Date (month and year) last engaged in this work	May, 1926	25. Still a housewive
17. / 26. Total time (years) spent in this work	Practically all his life	one yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother: This is first child (At time of this birth and including this child) (a) Born alive and now living nil (b) Born alive but now dead nil (c) Stillborn nil

29. If stillborn, period of gestation nil { months or weeks

30. Cause of stillbirth nil { Before labor -- / During labor --

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) (unable to locate), M. D.
or (unable to locate), Midwife
Address Mother of child: Flora Estella Thompson Cochran Manzanita, Oregon

Give name added from a supplemental report Flora Estelle Thompson / Cochran
(Date of)

Filed OCT 9 1939, 193

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of Tillamook County } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Flora Estella Thompson Cochran being first duly sworn say that I am the mother of Alda Lenore Cochran
(Relationship of child)*

born July 22, 1900 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desire to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alda Lenore Cochran hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Skippon M. D. was the Midwife medical attendant at the birth of said Alda Lenore Cochran and that the said medical attendant is cannot now be located. Dr. Skippon's wife assisted him at the birth of this child.
(Now deceased (or) cannot be located)

X Name of Affiant Flora Estella Thompson Cochran

P. O. Address Manzanita, Tillamook Co., Oregon

Subscribed and sworn to before me this seventh day of October, 1939

J H Hane
Notary Public.

Notary Public for Oregon,
Residing at Manzanita, Oregon, ~~Idaho.~~

My commission expires 10/31/42

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

253-222-022-493

284233

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Parker
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 15 1939

CERTIFICATE OF BIRTH 284233

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethelyn Joy Secrist

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	June 22 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Nephi Secrist	18. Full maiden name Henrietta Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Parker Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Parker Ida
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race ..... | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Farmington Utah	22. Birthplace (city or place) (State or Country) Farmington Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2 (Born Alive or Stillborn) at a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ~~Mrs. Margaret Cribb~~ ....., M. D.
or Mrs. Margaret Cribb, Midwife
Address St. Anthony Idaho

Filed SEP 15 1939, 193....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of FREMONT } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henrietta Miller Secrish being first duly sworn says that she is the Mother of Ethlyn Joy Secrist
(Relationship of child)*

born June 22, 1900 at Parker, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ethlyn Joy Secrist hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Margaret Crapo ~~M.D.~~ was the Midwife medical attendant at the birth of said Ethlyn Joy Secrist and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Henrietta Miller Secrist
Henrietta Miller Secrist

P. O. Address St. Anthony, Idaho

Subscribed and sworn to before me this fifth day of October, 19 39.

Archie A. Kennedy Notary Public.

Residing at Blackfoot, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. All... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 11 1939

CERTIFICATE OF BIRTH

284237

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. A859102028 249 St.
Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Henry Newton Heitman.

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 4

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth March 2 1940 (Month, Day, Year)

FATHER

9. Full name Charles Lee Heitman

10. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum

11. Color or race White | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) No. Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work Present, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Stella E. Smith.

19. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Cheyenne (State or Country) Wyoming.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work Present, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed OCT 11 1939, 193____

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marjorie M. Heitman being first duly sworn says that

She is the sister of Henry Newton Heitman
(Relationship of child)*

born March 2, 1900 at Rathdrum, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Henry Newton Heitman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Frank Weeks M. D. was the ~~Midwife~~ medical attendant at the birth of said Henry Newton Heitman and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Marjorie M. Heitman

P. O. Address Spokane, Wash.,

Subscribed and sworn to before me this 9th day of October, 1939

Francine Margrave
Notary Public.

Residing at Spokane Wn, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH 251-216

County of Nez Perce 035

City of Lapwai 659

No. out of city limits St.

no street no.

(If born in hospital or institution give name.)

OCT 16 1939

STATE OF IDAHO 284255

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 284255

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ora Orena Blanfield

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct. 16th, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Blanfield	18. Full maiden name Elizabeth Foredyce (Foredyce)
10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai [redacted]	19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai [redacted]
11. Color or race White 12. Age at last birthday [redacted] (years)	20. Color or race white 21. Age at last birthday 42 (years)
13. Birthplace (city or place) [redacted] (State or country)	22. Birthplace (city or place) Lewiston Ida. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woodcutting etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A G Foredyce, [redacted]

or Grandfather -, Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed Oct, 1939

..... Registrar.

..... Registrar.

AFFIDAVIT

A. L. Foredyce, being duly sworn upon oath, deposes and says, that he is the Grandfather of Ora Orena Blanfield; that She was born in Lapwai in Nez Perce County, Idaho, October 16, 1900.

x A L Foredyce

Subscribed and sworn to before me this 13th day of October, 1939

Burt Hulsey

Notary Public in and for the State of Washington. Residing at Clarkston, therein.

My commission expires December 6, 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bingham
City of Idaho Falls, Idaho
No. 419-227 006-595 St.
(If born in hospital or institution give name.)

OCT 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

284279

Registration District No. 614 State File No.
Prim. Registration District No. 214-0 Local Registrar's No. 695

2. **FULL NAME OF CHILD** Irene Anne Niva Martin

3. Sex Female (Female)
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate? yes
8. Date of birth Jan. 27, 1900 (Month, Day, Year)

FATHER

9. Full name William Riley Martin
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida
11. Color or race white | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Covington Kentucky

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work to date Jan27, 1900
17. Total time (years) spent in this work 2 mo.

MOTHER

18. Full maiden name Wentla Victoria Niva
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Calumet Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work to date, Jan. 27, 1900
26. Total time (years) spent in this work 6yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) , M. D.
or X Wentla Martin Harward, Midwife
Address Burke Idaho
Filed Oct 9, 1939 [illegible] Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Twin Falls } ss.

Wentla Martin Harward being first duly sworn says that she is the mother (Relationship of child)* of Irene Niva Martin born January 27, 1939 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Wental Martin Harward desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Irene Niva Martin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Cook ~~XXXX~~. was the Midwife medical attendant at the birth of said Irene Niva Martin and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Wentla Martin Harward

P. O. Address Buhl, Idaho

Subscribed and sworn to before me this 5 day of September, 19 39.

Ruth Yeamans
Notary Public.

Residing at Buhl, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

819 209 040 225

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Gem, Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285347

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bertha Ellen Harris

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? yes | 8. Date of birth Apr. 9, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Harris	18. Full maiden name Jessie Skelton
10. Residence (usual place of abode) (If non-resident, give place and State) Gem Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Gem Idaho
11. Color or race white | 12. Age at last birthday 30 (years)	20. Color or race white | 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Cleveland Ohio	22. Birthplace (city or place) (State or Country) Gilman Colo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mines Mills	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Jessie Skelton Harris Mother, M. D.

or ....., Midwife

Address Box 888, Geohe, Oregon

Give name added from a supplemental report .....

(Date of) .....

Filed Oct, 1937

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Arizona
County of Gila } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie Skelton Harris being first duly sworn says that she is the mother (Relationship of child)* of Bertha Ellen Harris born April 9 1939 (Date of birth) at Gem Idaho, Idaho, whose certificate of birth is hereto attached, and that Jessie Skelton Harris desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bertha Ellen Harris hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that forgotten at present. M. D. was the Midwife medical attendant at the birth of said Bertha Ellen Harris and that the said medical attendant is unknown (Now deceased (or) cannot be located)

Name of Affiant Jessie Skelton Harris

P. O. Address Box 888, Globe, Arizona.

Subscribed and sworn to before me this 17 day of October 1939, 19XX

E. Greer
Notary Public.

My Commission Expires Nov. 14, 1942. Residing at Globe, Arizona, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 532-211 007-249

285359

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St. ..... RECEIVED OCT 23 1939

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285359

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Naomi Esther Eckert

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Dec. 11th, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Francis Elmer Eckert	18. Full maiden name Margret Freman Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue Ida	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Terre Haute Ind.	22. Birthplace (city or place) (State or Country) Granby Newton Co. Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work 3	25. Date (month and year) last engaged in this work ....., 1900 | 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Francis Elmer Eckert (Date of)

Filed OCT 23 1939, 193..

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Jerome } ss.

Margaret Ekert being first duly sworn says that she is the mother of Naomi Esther Eckert
(Relationship of child)*

born Bellevue Idaho str. on Dec 11- 1900, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Naomi Esther Eckert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Martha Scott was the Midwife medical attendant at the birth of said Naomi Esther Eckert and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Margaret Eckert

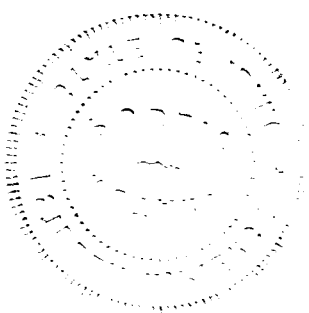
P. O. Address Jerome Idaho.

Subscribed and sworn to before me this 21st day of October, 1939

Estella H. Pierce
Notary Public.

Residing at Jerome Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



763/10 029 962

285361

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 23 1939

CERTIFICATE OF BIRTH

285361

Registration District No. 61 State File No.

Prim. Registration District No. 1011 Local Registrar's No. 970

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. In country, just St. outside Moscow

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Thomas Oliver Potter

3. Sex: male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: No Full term:

7. Legitimate? Yes

8. Date of birth: March 10, 1900 (Month, Day, Year)

FATHER

9. Full name: William L. Potter

10. Residence (usual place of abode) (If non-resident, give place and State): Uniontown, Wash.

11. Color or race: White

12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or Country): Breckenridge, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grain buyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: Still are, 19

17. Total time (years) spent in this work: 35 yrs

MOTHER

18. Full maiden name: Ethel Agnes Robinson

19. Residence (usual place of abode) (If non-resident, give place and State): Uniontown, Wash.

20. Color or race: White

21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Port Hope, Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: Still are, 19

26. Total time (years) spent in this work: Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother: This was first (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

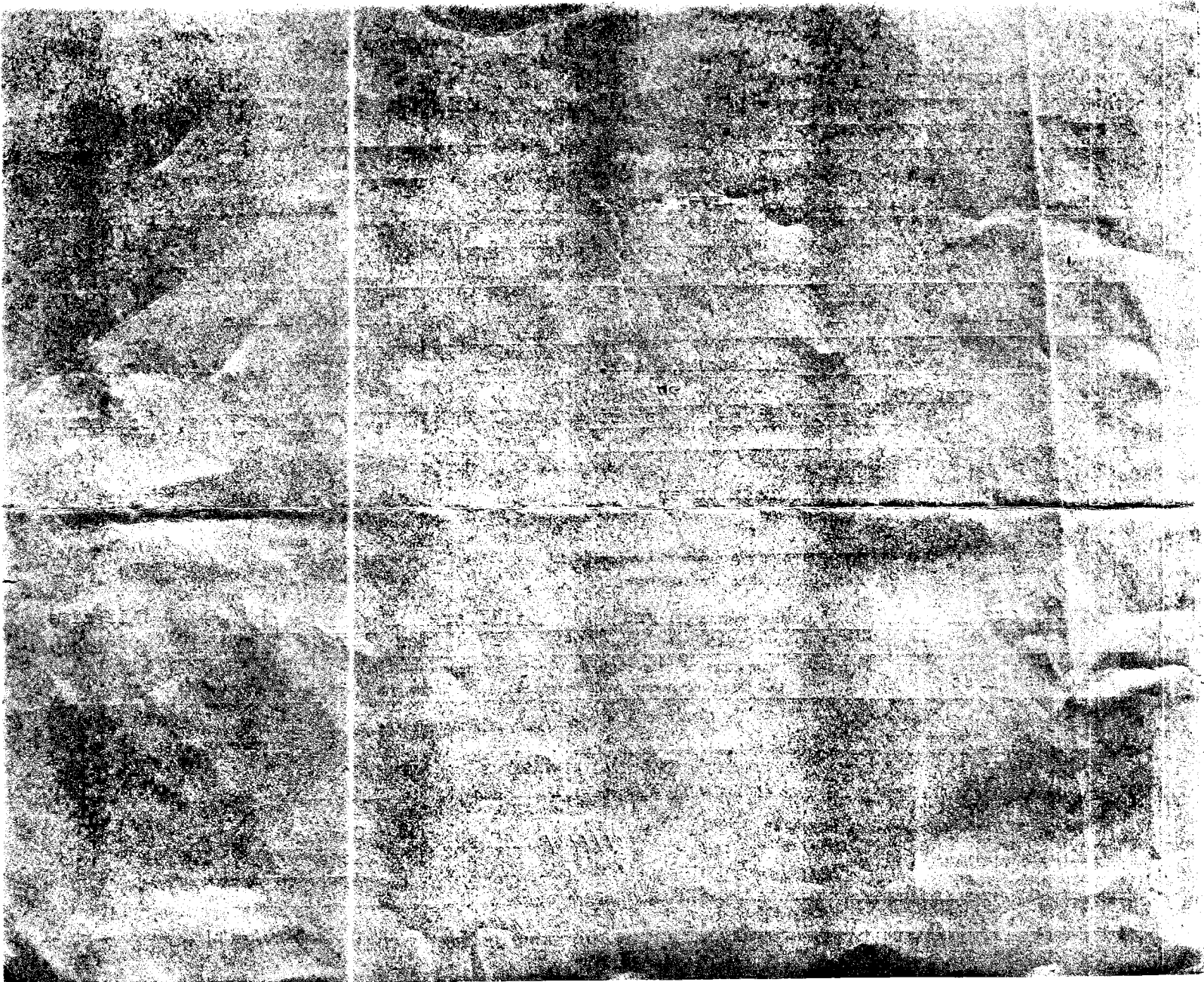
(Signed) Charles Carithers, M. D.
(now deceased)

or Midwife X

Address

Filed 10/20, 1939

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William L. Potter being first duly sworn says that he is the father (Relationship of child)* of Thomas Oliver Potter born March 10, 1900 (Date of birth) at Moscow, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Oliver Potter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Charles Carithers M. D. was the ~~Midwife~~ medical attendant at the birth of said Thomas Oliver Potter and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant William L. Potter

P. O. Address Uniontown, Wash.

Subscribed and sworn to before me this 20th day of October 1939

Robert W. Peterson
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

125-212020-669

285372

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. (none) St.

(If born in hospital or institution give name.)

RECEIVED OCT 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285372

Registration District No. 380 State File No.

Prim. Registration District No. Local Registrar's No. 32

2. FULL NAME OF CHILD Cora Thelma Ake

3. Sex Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term X

7. Legitimate? yes

8. Date of birth Sept. 12, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Franklyn P. Ake	18. Full maiden name Laura A. Ford
10. Residence (usual place of abode) (If non-resident, give place and State) Mtn. Home	19. Residence (usual place of abode) (If non-resident, give place and State) Mtn. Home
11. Color or race white; 12. Age at last birthday 43 (years)	20. Color or race white; 21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Muscatine Iowa	22. Birthplace (city or place) (State or Country) Salem Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching & stock.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19 ... 17. Total time (years) spent in this work 16	25. Date (month and year) last engaged in this work ..., 19 ... 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation nil months or weeks

30. Cause of Stillbirth: During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1900 at PM 1 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Laura A. Ake, Mother, M. D.

or ..., Midwife

Address Mountain Home, Idaho

Filed Oct 24 1939, 193 [signature] Registrar.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Laura A. Ake being first duly sworn says that

Cora is the daughter (Relationship of child)* of of myself and Franklyn P. Ake

born September 12, 1900 (Date of birth) at Mountain Home, Idaho,

whose certificate of birth is hereto attached, and that I, Laura A. Ake desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Cora Thelma Ake

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. W. Newkirk, MD M. D. was the medical attendant at the birth of said Cora Thelma Ake and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Laura A. Ake

P. O. Address P.O. Box 172, Mountain Home, Ida.

Subscribed and sworn to before me this 24th day of October, 1939

[signature]
Notary Public.

Residing at Mountain Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 5 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 31 1939

Registration District No. ____ State File No. 285397

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. A363108 010-125 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD: Charles Edward Cotton

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? Yes
8. Date of birth: Aug. 8, 1900 (Month, Day, Year)

FATHER

9. Full name: John Cotton
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: White 12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): London, England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm
16. Date (month and year) last engaged in this work: still engaged, 19
17. Total time (years) spent in this work: since boyhood

MOTHER

18. Full maiden name: Zona Abercrombie
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
20. Color or race: White 21. Age at last birthday: 20 (years)
22. Birthplace (city or place) (State or Country): Clay County, Alabama

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: still engaged, 19
26. Total time (years) spent in this work: 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

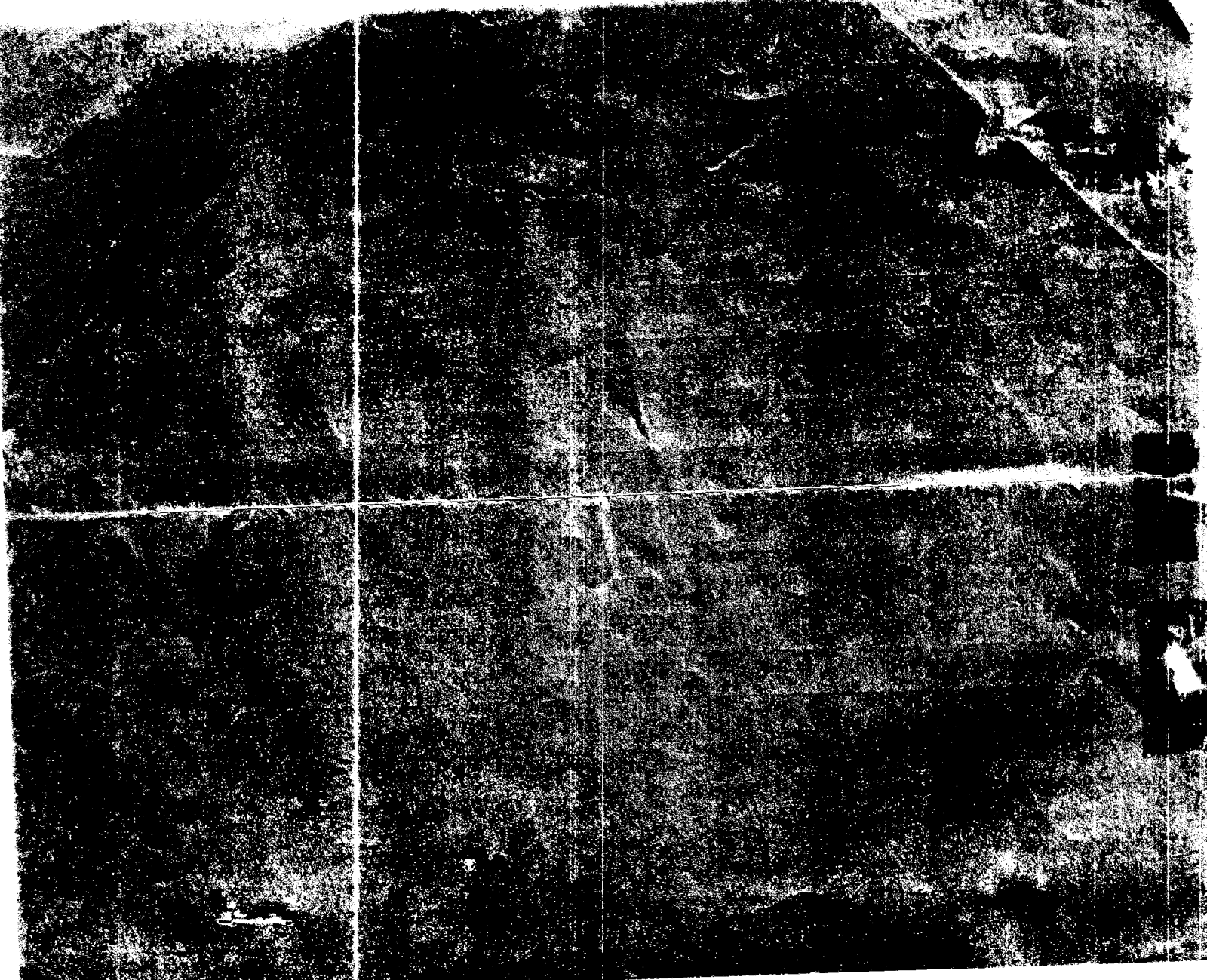
I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)
Registrar.

Filed RECEIVED OCT 31 1939 193 ____
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zona Cotton being first duly sworn says that

she is the mother of Charles Edward Cotton
(Relationship of child)*

born August 8, 1900 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Cotton

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Sessions ~~XXX~~ was the Midwife medical attendant at the birth of said Charles Edward Cotton and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Zona Cotton

P. O. Address Pomona, California

Subscribed and sworn to before me this 28 day of October, 1939

Jean Loseberry
Notary Public.

Residing at Pomona, California ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

719-127-014-146

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285499

RECEIVED
NOV 21 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St.
Rural
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Albert Park

3. Sex Male
If plural births: 4. Twin, ~~triplet, or other~~ .....; 5. Number, in order of birth 1st
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Sept 27, 1900 (Month, Day, Year)

FATHER

9. Full name John H. Park
10. Residence (usual place of abode) (If non-resident give place and State) Nampa Idaho
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Hardin Co Ky.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc ~
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Minnie Alice Andros
19. Residence (usual place of abode) (If non-resident give place and State) Nampa Idaho
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Smithfield Ut

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work ~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

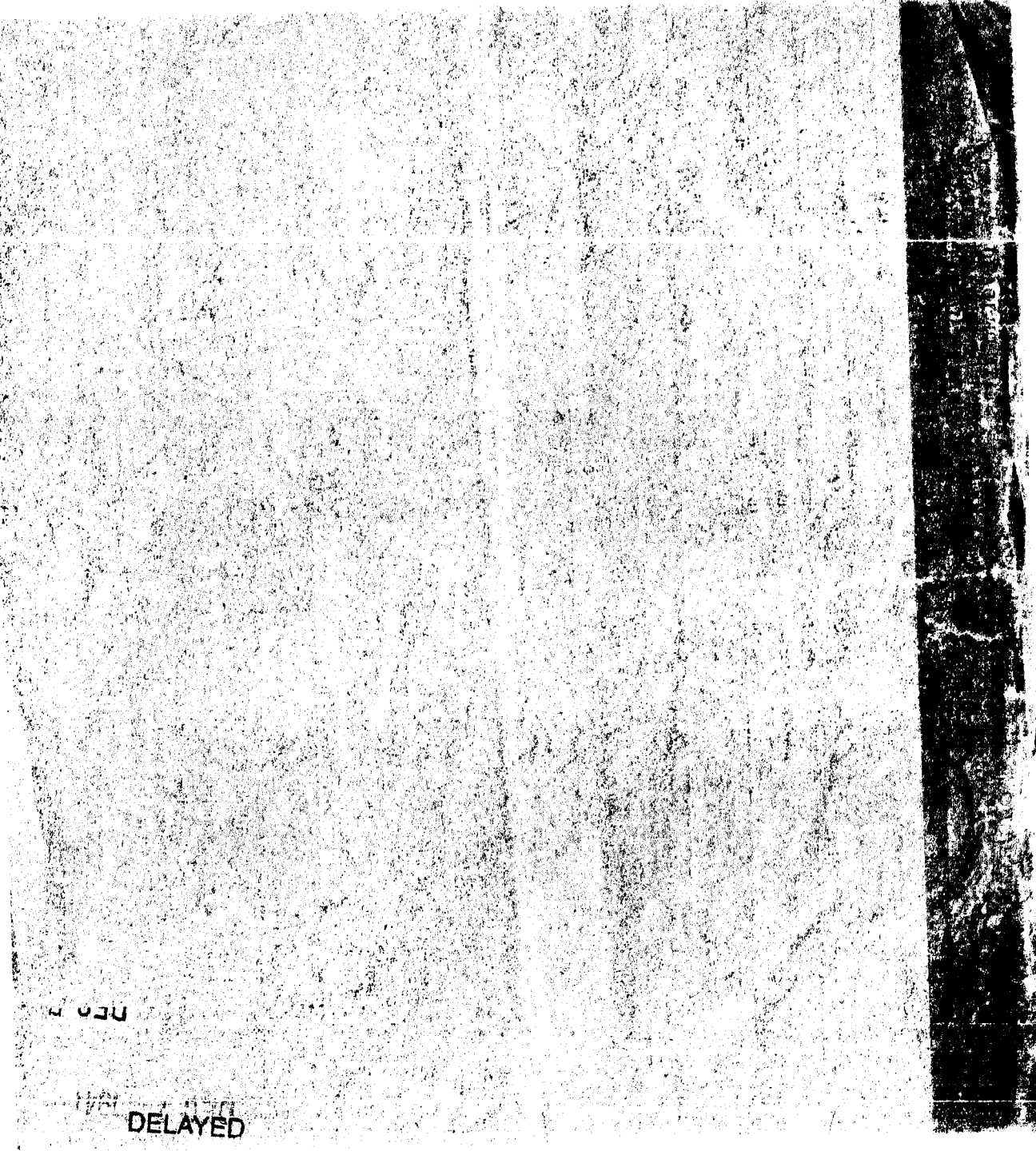
I hereby certify that I attended the birth of this child, who was Alive at 8 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report .....
(Date of)

Filed Nov. 21, 1939 Mae G. Atwood, State Registrar.
..... Registrar.



DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rural St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 285500

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alice Park

3. Sex Fem. | If plural births: 4. Twin, ~~triplet, or other~~ ..... 5. Number, in order of birth 2nd | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 27 1900 (Month, Day, Year)

FATHER

9. Full name John H. Park
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Ida
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Harden Co KY

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Minnie Alice Amos
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Smithfield Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ag nit.
28. Number of children of this mother (At time of this birth and including this child) 7 (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Nov. 21, 1939 Mae G. Atwood State Registrar.

MAY 17 1957

DELAYED

432-205 08 214

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 1 1939
286530

Registration District No. 30 State File No.
Prim. Registration District No. 2031 Local Registrar's No. 353

1. PLACE OF BIRTH
County of Kootenai
City of Hauser Lake
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elsie May Albright

3. Sex F | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term Yes | 7. Legitimate? yes | 8. Date of birth May 5, 1900 (Month, Day, 19~~00~~)

FATHER	MOTHER
9. Full name Arnel Albright	18. Full maiden name Mary Hortense Bauer
10. Residence (usual place of abode) (If non-resident, give place and State) Hauser Lake Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hauser Lake,
11. Color or race W | 12. Age at last birthday 42 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Essen (State or Country) Germany	22. Birthplace (city or place) (State or Country) Belgium
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw mill Owner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work May, 1900	17. Total time (years) spent in this work
	25. Date (month and year) last engaged in this work ~~Oct~~ May, 1900
	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) , M. D.
or Mary H. Albright, Midwife
Address Post Falls, RFD 2, Idaho (Hauser Lake)
Filed 11-28-, 1939 H. Newcomb, M. D.

Registrar. Registrar.

FADING INK—THIS IS A PERMANENT RECORD ... 13.—In case of more than one ... at ... Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary H. Ulbright being first duly sworn says that she is the mother of Elsie May Ulbright
(Relationship of child)*

born May 5, 1900 at Hauser Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elsie May Ulbright hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Catherine Bauer ~~M. D.~~ Midwife was the ~~medical~~ attendant at the birth of said Elsie May Ulbright and that the said ~~medical~~ attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary H. Ulbright
P. O. Address Post Falls, Route #2, Idaho

Subscribed and sworn to before me this 28 day of Nov, 1939

Jas. A. Foster
Clerk of the District Court Notary Public.
Residing at Ex-Officio Auditor and Recorder, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

951121033-892

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 4 1939

CERTIFICATE OF BIRTH

Registration District No. 631 State File No. 286534

Prim. Registration District No. 2128 Local Registrar's No. 250

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. ____ St. ____

(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Lavere Lloyd Evans

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Oct 21, 1900 (Month, Day, Year)

FATHER

9. Full name John Lloyd Evans

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg

11. Color or race W | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City Ut

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 21

MOTHER

18. Full maiden name Emma Hibbard

19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg

20. Color or race W | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Willard Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) George E. Hyde, M. D.

or ____, Midwife

Address (Deceased)

Filed 12-2-1939 Mrs H E Young Registrar

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Beck being first duly sworn says that she is the sister (Relationship of child)* of Lavere Lloyd Evans born October 21, 1900 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lavere Lloyd Evans hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George E. Hyde M. D. was the Midwife medical attendant at the birth of said Lavere Lloyd and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Beck.

P. O. Address Rexburg Idaho

Subscribed and sworn to before me this 2nd. day of December, 19 39

Notary Public.

Residing at Rexburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

286592

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286592

1. PLACE OF BIRTH 317-219
County of Latah 029-238
City of Troy Idaho
No. ..... St.
(If born in hospital or institution give name.)

DEC 20 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elsie Capaul

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4 | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Aug 19, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Capaul	18. Full maiden name Margreat Anna Schneider
10. Residence (usual place of abode) yes (If non-resident, give place and State)	19. Residence (usual place of abode) yes (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Brigals (State or Country) Switzerland	22. Birthplace (city or place) ..... (State or Country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house wife
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. Jacob Capaul, M. D.
or 909-4th, Midwife
Address Coeur d'Alene Idaho
Filed Dec, 1939

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Jacob Capaul being first duly sworn says that she is the Mother (Relationship of child)* of Elsie Capaul born August 19, 1900 (Date of birth) at Troy, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elsie Capaul hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs. Jacob Capaul.

P. O. Address Coeur d'Alene Idaho

Subscribed and sworn to before me this 26 day of Dec, 1939

A. T. Greene
Notary Public.

Residing at Coeur d'Alene, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs
No. — St. 356-12-2003-391
(If born in hospital or institution give name.)

RECEIVED NOV 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 State File No. 286595
Prim. Registration District No. 2159 Local Registrar's No. 56

2. FULL NAME OF CHILD Edmund Charles Lewis

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M.	—	—		Yes	Yes	Dec 22, 1930

FATHER		MOTHER	
9. Full name	Edmund Lewis	18. Full maiden name	Edith Crane
10. Residence (usual place of abode) (If non-resident, give place and State)	Gray, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Gray, Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	38 (years)	21. Age at last birthday	26 (years)
13. Birthplace (city or place) (State or Country)	Salt Lake City Utah	22. Birthplace (city or place) (State or Country)	Evanston, Wyo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Own Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own home
16. Date (month and year) last engaged in this work	Dec 21, 1930	25. Date (month and year) last engaged in this work	Dec 21, 1930
17. Total time (years) spent in this work	5 years	26. Total time (years) spent in this work	4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living Yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley, M. D.
or Midwife
Address Soda Springs, Idaho.

Give name added from a supplemental report

(Date of)

Filed Nov. 30, 1939 Dr. Russell Tingey
Registrar.

Registrar.

JUL 5 1967

WRITE PLAINLY WITH UNFADING INK—T
one child at birth a Separate Return must be made for ea
D. N. B.—In case of more than
of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

home

(If born in hospital or institution give name.)

NOV 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 286614

Registration District No. 430 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 321

2. FULL NAME OF CHILD John Edward Hubbard

3. Sex M. | If plural births: 4. Twin, triplet, or other other; 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 4, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Eugene Hubbard	18. Full maiden name Eva Helena Croxall Hubbard
10. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry	19. Residence (usual place of abode) (If non-resident, give place and State) Glenns Ferry
11. Color or race W | 12. Age at last birthday 33 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) Des Moines (State or Country) Iowa	22. Birthplace (city or place) Provo (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. R. R. Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. self
16. Date (month and year) last engaged in this work Feb., 1900 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Feb, 1900 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child) 8
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Nov. 25, 1939 Myrtle C. Burdett
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NOV 28 19

State of Idaho
County of Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ora Helena (Croxall) Hubbard being first duly sworn says that she is the mother (Relationship of child)* of Ed Hubbard born February - 4 - 1900 (Date of birth) at Glenns Ferry -, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ed Hubbard hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~Mrs O'Connell~~ M. D. was the Midwife medical attendant at the birth of said Ed Hubbard and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Ora Helena Croxall Hubbard

P. O. Address Shoshone, Idaho

Subscribed and sworn to before me this 18th day of November, 1939

Notary Public.

Residing at Shoshone, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154-126-666-692

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham Co.

City of Blackfoot

No. ____ St. DEC 27 1939

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 287493

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jason Daniel Anderson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth 10-24, 1939 (Month, Day, Year)

FATHER

9. Full name Daniel Sheffield Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Clayton Illinois (State or Country) Adams Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work Always, 19____

17. Total time (years) spent in this work Always

MOTHER

18. Full maiden name Lulu Elizabeth Wise

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Brigham City (State or Country) Boxelder Co Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work Always, 19____

26. Total time (years) spent in this work Always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Lulu Elizabeth Anderson, ~~M. D.~~

or Mother, ~~Midwife~~

Address Rte. 2 - Box 35 - Tunlock, Cal.

Filed ____ 193__

DEC 27 1939

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Stanislaus } ss.

Lulu Elizabeth Anderson, being first duly sworn says that she is the Mother of Jason Daniel Anderson (Relationship of child)* born Oct. 24, 1900 (Date of birth) at Blackfoot, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Jason Daniel Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Meyers M. D. was the ~~Midwife~~ medical attendant at the birth of said Jason Daniel Anderson and that the said medical attendant ~~is~~ cannot be located & his exact name affiant cannot recall, and cannot be located (Now deceased (or) ~~cannot be located~~)

Name of Affiant Lulu Elizabeth Anderson

P. O. Address Rte. 2 - Box 36 - Turlock, Cal.

Subscribed and sworn to before me this 4th day of October, 1939

R. L. Wilcox
Notary Public.

My Com. Expires Dec. 7-1940 Residing at Turlock, Cal. ~~, Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4242-124001-753

RECEIVED
DEC 30 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 287580

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 251 St.
Warm Springs Ave.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Paul Julius Kuss

3. Sex male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? yes

8. Date of birth Oct 24, 1900 (Month, Day, Year)

FATHER

9. Full name Rudolph Reinholt Kuss

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race white 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own place of Business

16. Date (month and year) last engaged in this work ✓, 19____

17. Total time (years) spent in this work 20 yrs.

MOTHER

18. Full maiden name Pauline Louise Petschow Kuss

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race white 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ✓, 19____

26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth ✓ { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed DEC 30 1939, 193____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK. ... IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

12-15-41

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Pauline Kuss being first duly sworn says that she is the Mother of Paul Julius Kuss
(Relationship of child)*

born Oct. 24, 1900 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Paul Julius Kuss hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that L. P. McCalla M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Pauline Kuss

P. O. Address R 3 / Farm Spring Avenue

Subscribed and sworn to before me this 30 day of Dec., 1939

R W Bartaur
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-33-105-030-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon, Ida. JAN 5 - 1940
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287617

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Allen David Ellis

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 8, 1939 (Month, Day, Year)

FATHER

9. Full name George Amos Ellis

10. Residence (usual place of abode) (If non-resident, give place and State) Ellis, Ida.

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Dubuque Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer and Stockraiser

16. Date (month and year) last engaged in this work Jan. 2, 1940

17. Total time (years) spent in this work 73 yrs.

MOTHER

18. Full maiden name Mary Helen Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Ellis, Ida.

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Stockton, Utah.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Jan. 2, 1940

26. Total time (years) spent in this work 5 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not Recall

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Jan, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Custer }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Amos Ellis being first duly sworn says that he is the father of Allen David Ellis
(Relationship of child)*

born Oct. 8, 1900 at Salmon, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Allen David Ellis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. F. S. Wright M. D. was the ~~Midwife~~ medical attendant at the birth of said Allen David Ellis and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant George Amos Ellis

P. O. Address Challis, Ida.

Subscribed and sworn to before me this 2d day of January, 1940

John Boyd
Custer Co. Recorder ~~Notary Public.~~

Residing at Challis, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 2 6 196

234-103 C78 59

288819

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Harrison, Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 27 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288819

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Adolphus Stuve

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 3, 1900 (Month, Day, Year)

FATHER

9. Full name Edward Stuve

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison, Ida

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shingle sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 13

MOTHER

18. Full maiden name Ellen Mary Ericksen

19. Residence (usual place of abode) (If non-resident, give place and State) Harrison, Ida

20. Color or race White | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Edward Stuve, M. D.

or Father, ~~Midwife~~

Address .....

Filed JAN 27 1940 1933

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Jerome } ss.

Edward Steve being first duly sworn says that he is the father (Relationship of child)* of Howard Adolphus Steve born May 3. 1900 (Date of birth) at Harrison, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Howard Adolphus Steve hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bushy M. D. was the Midwife medical attendant at the birth of said Howard Adolphus Steve and that the said medical attendant is now deceased! (Now deceased (or) cannot be located)

Name of Affiant Edward Steve

P. O. Address

Subscribed and sworn to before me this 25th day of January, 1940

Shirley
Notary Public.

Residing at Jerome, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Cameron

No. A432-125035819 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

288828

CERTIFICATE OF BIRTH 288828

MAN 29 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Otis William McBride

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Aug. 25, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Alvin McBride	18. Full maiden name Mary Dee Hazen
10. Residence (usual place of abode) (If non-resident, give place and State) Cameron, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Cameron, Ida
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Washington County Pennsylvania	22. Birthplace (city or place) (State or Country) Dayton, Wn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work 8/25, 1900 | 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work 8/25, 1900 | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Jan, 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JAN 29 1940

State of Washington
County of Kitsap } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary D McBride being first duly sworn says that she is the mother of Otis William McBride
(Relationship of child)*

born Aug. 25, 1900 at Cameron, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Otis William McBride hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John Stoneburner M. D. was the ~~Midwife~~ medical attendant at the birth of said Otis William McBride and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary D. McBride

P. O. Address Port Orchard, Wn

Subscribed and sworn to before me this 25 day of January, 1940

Ross W Watt
Notary Public.
for St. of Wn

Residing at Port Orchard, [redacted].

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

PLACE OF BIRTH 1993 108

unty of Nezperce 035 819

ity of Lewiston

No. 512 - 4th AVE ~~St.~~

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 19 1940

Registration District No. 220 State File No. 288913

Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Clyde Harvey Richards

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth OCT. 8, 1900 (Month, Day, Year)

FATHER

9. Full name Guy George Richards

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

11. Color or race WHITE | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) AUSTIN MINNESOTA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Elizabeth Margery Harvey

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

20. Color or race white | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Woodfords Alpine Co California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HouseKeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Feb 16, 1940 Marc B M Shuren M D
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case one child at birth a Separate Return must be made for each, and the number of each, in order of

AFFIDAVIT

Guy G. Richards, being duly sworn upon oath, deposes and says, that he is the father of Clyde Harvey Richards; that he was born in Lewiston in Nezperce County, Idaho, Oct 8 - 1900.

Guy G. Richards

Subscribed and sworn to before me this 7. day of February. 1940.

Philip Benigeles.

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

A 619 125 008-249

289982

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise

City of Idaho City, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 289982

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Joseph Farrell

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other Single 5. Number, in order of birth	Full term ✓	✓	Jan 26, 1920 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Francis or Francis W. Farrell Frank J. Farrell	13. Full maiden name: Mary J. Burke or Mary Burke
10. Residence (usual place of abode) (If non-resident, give place and State)	Boise City Idaho	19. Residence (usual place of abode) (If non-resident give place and State) Boise Idaho
11. Color or race: white / 12. Age at last birthday (years)	Age 56 at death	20. Color or race: white / 21. Age at last birthday: 53 (years)
13. Birthplace (city or place) (State or Country)	Idaho City Idaho Died July 26, 1925	22. Birthplace (city or place) (State or Country) St Louis Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer on dredge	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	—	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	Feb 1925, 19	25. Date (month and year) last engaged in this work ....., 19
17. Total time (years) spent in this work	14 yrs.	26. Total time (years) spent in this work 43 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

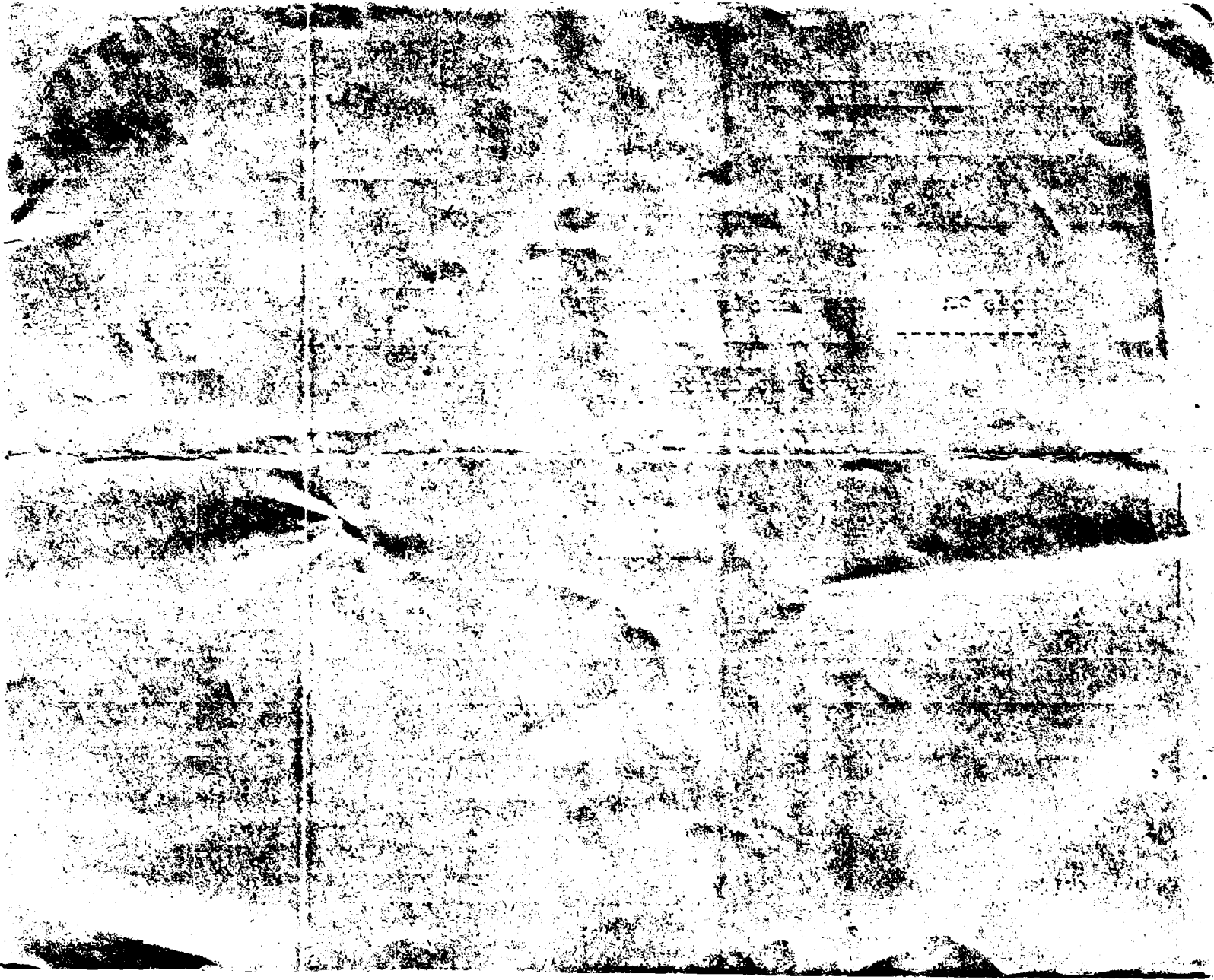
Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAR 1940, 193....

Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Ada }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary J. Farrell (otherwise known as Mary Farrell) being first duly sworn says that she is the mother (Relationship of child)* of Francis Joseph Farrell,

born January 26, 1900 (Date of birth) at Idaho City, Boise County, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Francis Joseph Farrell

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Warren Newell M. D. was the ~~Midwife~~ medical attendant at the birth of said Francis Joseph Farrell and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary J. Farrell

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 1st day of March, 1940.

Betty M. Wright
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 290016
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 290016

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

MAR 24 1940

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. A362-123-014819 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD CHARLES EUGENE COKER

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Sept. 23, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Clay Coker	18. Full maiden name Mary Edith Harper
10. Residence (usual place of abode) (If non-resident, give place and State) Payette	19. Residence (usual place of abode) (If non-resident, give place and State) Payette
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) McLeansboro (State or Country) Illinois	22. Birthplace (city or place) Mt. Vernon (State or Country) Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section foreman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroading	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work September, 1939	17. Total time (years) spent in this work 18 yrs.
25. Date (month and year) last engaged in this work Sept., 1939	26. Total time (years) spent in this work 1½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — { months or weeks

30. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

(Date of) Filed Mar., 1940

Registrar. Registrar.

STATE OF ~~IDAHO~~ Illinois

390016

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ~~Idaho~~ Illinois }
County of Canyon ~~Fayette~~ } ss.

Mary E. Hubbard being first duly sworn says that she is the mother of Charles Eugene Cokes
(Relationship of child)*

born Sept. 23, 1900 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Eugene Cokes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Skippen M. D. was the ~~Midwife~~ medical attendant at the birth of said Charles Eugene Cokes and that the said medical attendant is
(~~Now deceased~~ (or) cannot be located)

Name of Affiant Mary E. Hubbard

P. O. Address Harrisburg Ill

Subscribed and sworn to before me this 6th day of March, 1940

H. D. Brasel
Notary Public.

Residing at Farina Ill, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

212-122 002 546

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 9 1940

290067

1. PLACE OF BIRTH
County of Boise
City of Thunder City
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 316 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 10

2. FULL NAME OF CHILD Hervé L. Baker

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth May 22, 1908 (Month, Day, Year)

FATHER
9. Full name William Louis Baker
10. Residence (usual place of abode) (If non-resident, give place and State) Thunder City Ida.
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Alvarado Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work May 22, 1908
17. Total time (years) spent in this work life

MOTHER
18. Full maiden name Minnie Dee Enos.
19. Residence (usual place of abode) (If non-resident, give place and State) Thunder City
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Alvarado Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work May 22, 1908
26. Total time (years) spent in this work 9 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William Louis Baker, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Feb 11th, 1940 Myrtle M. Gardner Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Valley } ss.

William Louis Baker being first duly sworn says that

he is the father of Howe L. Baker
(Relationship of child)*

born May 22 - 1918 at Sunday City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howe L Baker

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that There was none M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant William Louis Baker

P. O. Address Cascade, Idaho.

Subscribed and sworn to before me this 10 day of Dec, 1940

J. C. Lefever
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 221 State File No. 290106

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Cardendish (Town in St Joes Co.)
No. D35-766
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alvin Chester Starr

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term yes
7. Legitimate?
8. Date of birth Nov 7, 1920 (Month, Day, Year)

FATHER

9. Full name William Starr
10. Residence (usual place of abode) farm near Peck (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 75 (years)
13. Birthplace (city or place) Creston (State or country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Feb 4th, 1923
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Eva E Bowman
19. Residence (usual place of abode) farm near Peck (If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work March 5, 1920
26. Total time (years) spent in this work 42

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ___ months or weeks
30. Cause of stillbirth — Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ___ (Born Alive or Stillborn) at ___ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ___, M. D.
X or Mrs Mattie Gribson, Midwife
Address ___

Give name added from a supplemental report ___ (Date of)

Filed March 11, 1920 Mrs BM Brown MD
Registrar.

___
Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

MAR 6 1947

A-13128-023-393

291087

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 291087

RECEIVED
APR 17 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Daniel Peter Hallock

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth 12-28, 1939 (Month, Day, Year)

FATHER

9. Full name William Hallock

10. Residence (usual place of abode) (If non-resident, give place and State) not known

11. Color or race W | 12. Age at last birthday 72 (years)

13. Birthplace (city or place) (State or Country) not known

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm hand & sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill

16. Date (month and year) last engaged in this work 10-1, 1938

17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Mary Little

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida.

20. Color or race ..... | 21. Age at last birthday 68 (years)

22. Birthplace (city or place) (State or Country) not known

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work 2-2, 1902

26. Total time (years) spent in this work life time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed April, 1940

Registrar. Registrar.

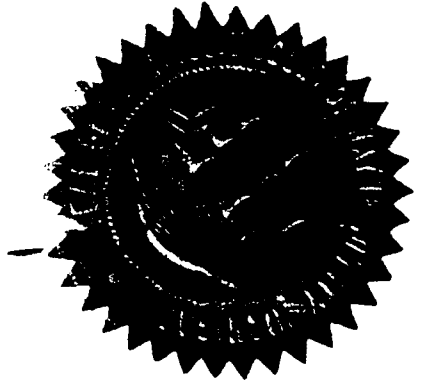
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

No. B 207012

E-339 12 Bks. 5-39

NOTARIAL ACKNOWLEDGMENT

STATE OF MICHIGAN, } ss.
County of Wayne }



I, CASPAR J. LINGEMAN, Clerk of the Circuit Court for the County of Wayne, which is a Court of Record, having a seal,

Do Hereby Certify, That Homer B Bell whose name is subscribed to the Certificate or Proof of acknowledgment of the annexed instrument and therein written, was, at the time of taking such proof or acknowledgment a Notary Public in and for said County, duly commissioned and qualified and duly authorized to take the same. And, further, That I am well acquainted with the handwriting of such Notary Public, and verily believe that the Signature to the said Certificate or proof of acknowledgment is genuine. I further certify, That said instrument is executed and acknowledged according to the laws of this State.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court and County, at Detroit, this 12th day of April A. D. 1940

CASPAR J. LINGEMAN, Clerk

Peter L Buback Deputy Clerk

STATE OF IDAHO

291087

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 17 1940

State of Michigan }
County of Wayne } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Floyd Miller being first duly sworn says that

is the ~~ex~~ a friend of Daniel Peter Halluck
(Relationship of child)*

born December 28, 1900 at Emmett, Gem County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Daniel Peter Halluck desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said** Daniel Peter Halluck hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Anna Dorr ~~M. D.~~ was the Midwife medical attendant at the birth of said Daniel Peter Halluck and that the said medical attendant is deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Floyd Miller

P. O. Address 1559 Lycaste Avenue

Subscribed and sworn to before me this 11th day of April, 19 40

Homer B Self
Notary Public.

My commission expires: Feb. 16, 1944. Residing at 11339 Evanston, Detroit, Mich., Idaho.

Wayne County, Michigan

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 1 [illegible] 1965

719-221-014-256

1. PLACE OF BIRTH

County of Canyon

City of Emmett

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291130

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Charlotte Knox Parrish

3. Sex female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 7

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Oct 21, 1900 (Month, Day, Year)

FATHER

9. Full name William Whitney Parrish

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Cortenright New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill & farming

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Ella Frances Knox

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Dry Creek Ada Co. Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home-maker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Ella F. Parrish (Mother) M. D.

or Mrs. J. V. R. Hill, (Deceased), Midwife

Address ____

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

Registrar.

Filed April, 1940

Registrar.

291130

RECEIVED
APR 15 1940

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella F. Parrish being first duly sworn says that she is the mother (Relationship of child)* of Charlotte Knox Parrish born Oct 21 – 1900 (Date of birth) at Emmett, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charlotte Knox Parrish hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. J. V. R. Witt, ~~M. D.~~ Midwife was the medical attendant at the birth of said Charlotte Knox Parrish and that the said medical attendant is (Now deceased ~~(or has removed from the state)~~).

Name of Affiant Ella F. Parrish

P. O. Address Emmett Idaho

Subscribed and sworn to before me this 12th day of April, 1940

Thos J. Duncan
Notary Public.

Residing at Emmett, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 27 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A557 206
001659

1. PLACE OF BIRTH
County of Ada County
City of Boise
No. 137 East Jefferson St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
292224

RECEIVED
APR 27 1940

CERTIFICATE OF BIRTH

292224

Registrar's Dist. No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Margaret Neal

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth Oct 6, 1900 (Month, Day, Year)

FATHER

9. Full name Charles Fremont Neal
10. Residence (usual place of abode) 137 East Jefferson (If non-resident, give place and State) Boise Idaho
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Nemaha County Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coffin Building and Idaho Building
16. Date (month and year) last engaged in this work Oct 6, 1900
17. Total time (years) spent in this work 3 years

MOTHER

18. Full maiden name Ora Anna Ferguson
19. Residence (usual place of abode) (If non-resident, give place and State) 137 E. Jefferson St Boise Idaho
20. Color or race White | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Lafayette County Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Oct 6, 1900
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) .....
Registrar.

Filed April, 1940
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 21 1940

State of Washington } ss.
County of Clallam }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Fremont Neal being first duly sworn says that he is the father (Relationship of child)* of Mary Margaret Neal born October 6, 1900 (Date of birth) at Boise, Idaho, whose ~~certificate of birth~~ is hereto ~~attached~~, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Margaret Neal hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Ustick, M. D., was the Midwife medical attendant at the birth of said Mary Margaret Neal and that the said medical attendant is can not be located (Now deceased (or) cannot be located)

Name of Affiant Charles Fremont Neal father

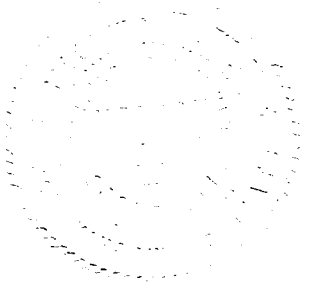
P. O. Address Box 688 Port Angeles, Washington

Subscribed and sworn to before me this 24 day of April, 1940

E. H. Hawkins
Notary Public.

Residing at Port Angeles, ~~Idaho.~~ Washington

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



149-107001-349

292234

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 625 South 16th St. St.
(If born in hospital or institution give name.)

RECEIVED
APR 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 292234
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fredrick James Jurges

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth July 7, ~~190~~ 1900 (Month, Day, Year)

FATHER

9. Full name Chas. Henry Jurges
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Julia Turpin
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Green County, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:50 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. A. Kester, M. D.
Julia Turpin Jurges-mother, ~~Midwife~~
Address Boise, Ida.

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed April, 1940
Registrar.

292234

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

APR 30 1940

State of Washington } ss.
County of Snohomish

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Julia Turpin Jurges being first duly sworn says that she is the mother of Frederick James Jurges
(Relationship of child)*

born July 7 - 1900 at 625 - South 16th St - Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M A Kester M. D. was the ~~Midwife~~ medical attendant at the birth of said Frederick James Jurges and that the said medical attendant is

(~~Now deceased~~ (or) cannot be located)

Name of Affiant Julia Turpin Jurges

P. O. Address 2301 Cleveland Ave, Everett, Wn

Subscribed and sworn to before me this 26 day of April, 1940

[signature]
Notary Public.

Residing at Everett Wash, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

395 106 040-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

292290

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292270

Registration District No. _____ State File No. _____

Prim. Registration District No. 140 Local Registrar's No. 89

1. **PLACE OF BIRTH**
County of Shoshone
City of Wallace
No. 112 Cedar St. St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Edwin Thomas Linn

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		yes	yes	Nov 6 1900, 193

	FATHER	MOTHER
9. Full name	Ole H Linn	
18. Full maiden name		Anna K Mattson
10. Residence (usual place of abode) (If non-resident, give place and State)	Wallace	
19. Residence (usual place of abode) (If non-resident, give place and State)		Wallace
11. Color or race	W	
12. Age at last birthday	31 (years)	
20. Color or race		W
21. Age at last birthday		31 (years)
13. Birthplace (city or place) (State or Country)	Sweeden	
22. Birthplace (city or place) (State or Country)		Sweeden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Miner	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work	, 19	
17. Total time (years) spent in this work	10	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		H.W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work		, 19
26. Total time (years) spent in this work		7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:30 m. A on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

_____ Registrar.

(Signed) _____, M. D.

or Miss Florence Mogstad, Midwife

Address _____

Filed May 7, 1941 John A Burch Registrar.

292270

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

S. H. Linn, being first duly sworn says that he is the uncle (Relationship of child)* of Edwin Thomas Linn born Nov. 6 1900 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edwin Thomas Linn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Charlotte Mogstad ~~M. D.~~ Midwife was the medical attendant at the birth of said Edwin Thomas Linn and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant S. H. Linn

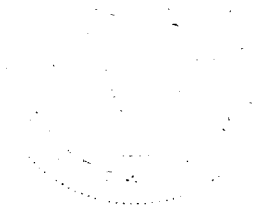
P. O. Address Wallace Ida.

Subscribed and sworn to before me this 6 day of May, 1940

Elizabeth E. Ward
Notary Public.

Residing at Wallace Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A 266 105 044-345

RECEIVED
MAY 25 1940

293366 #2
00

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293366

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser, Idaho
No. ____ St.
(On farm)
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 293366
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jessie L Booker

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? yes
8. Date of birth Apr 5, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Elbert Booker	18. Full maiden name: Margaret Ida Cunningham
10. Residence (usual place of abode) (If non-resident, give place and State): near Weiser Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Near Weiser Id.
11. Color or race: White | 12. Age at last birthday: 41 (years)	20. Color or race: white | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Alabama	22. Birthplace (city or place) (State or Country): Bond Co. Ill.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: at home.
16. Date (month and year) last engaged in this work: 1/00, 19	25. Date (month and year) last engaged in this work: ____, 19
17. Total time (years) spent in this work: 30	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of stillbirth ✓ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)
Registrar.

Filed May, 1940
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 25 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Ida M Booker being first duly sworn says that

is the Mother (Relationship of child)* of Jessie L Booker

born Apr 5 1900 (Date of birth) at Mead Weiser, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jessie L Booker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Cooper, ~~M. D.~~ was the Midwife medical attendant at the birth of said Jessie L Booker. and that the said medical attendant is ~~deceased~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Ida M Booker

P. O. Address 317 Pacific Ave Long Beach Calif

Subscribed and sworn to before me this 24 day of May, 1940

Mary Beery
Notary Public.

Residing at Long Beach, ~~Idaho~~ Calif

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires July 19, 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 293382
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 23 1940

Registration District No. _____ State File No. 293382

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. 818 127 059 363 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Franklin Kenneth Haylett

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth March 27, 1900 (Month, Day, Year)

FATHER

9. Full name: Frank Oscar Haylett

10. Residence (usual place of abode) (If non-resident, give place and State): Nez Perce Co-farm

11. Color or race: W | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Aggie J. Collings

19. Residence (usual place of abode) (If non-resident, give place and State): Nez Perce Co-farm

20. Color or race: W | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) Frank Oscar Haylett, ~~M. D.~~
or _____, Midwife

Address _____

Filed May, 1940

Registrar.

Registrar.

STATE OF IDAHO

293382

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 23 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Oscar Haylett being first duly sworn says that

he is the father (Relationship of child)* of Frank Kenneth Haylett

born March 27, 1900 (Date of birth) at Genesee, Idaho,

whose certificate of birth is hereto attached, and that Mr. Haylett desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frank Kenneth Haylett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. A. Buck M. D. was the Midwife medical attendant at the birth of said Frank Kenneth Haylett and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Frank Oscar Haylett

P. O. Address South 10 Monroe St. Spokane, Wn.

Subscribed and sworn to before me this 27 day of May, 1940.

Philip Meisgeier
Notary Public.

COUNTY OF THE DISTRICT COURT AUDITOR AND RECORDER

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

619-126040-296

RECEIVED

JUN 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293407

1. PLACE OF BIRTH
County of Shoshone
City of Burke
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 293407
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Joseph Farrell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth June 26, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Luke Micheal Farrell	18. Full maiden name Mary Brown
10. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Arthur, Ontario Canada	22. Birthplace (city or place) (State or Country) Arthur, Ontario Canada
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June, 1900 | 17. Total time (years) spent in this work 7	25. Date (month and year) last engaged in this work June, 1900 | 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Luke Micheal Farrell M. D.
or Mrs Mary Farrell Midwife
Address .....
Filed June, 1940

Give name added from a supplemental report .....
(Date of)

Subscribed & sworn to by Luke M. Farrell & Mary Farrell this 29th day of May 1940.
Registrar.
Registrar.
My Com Feb 26 [illegible] Notary Public [illegible] County [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AFFIDAVIT OF BIRTH

Parent or Older Relative
Physician or Midwife

STATE OF Michigan)
) s.s.
COUNTY OF Wayne)

Luke M. Farrell now residing at

1615 Belvidere Avenue Detroit, Michigan first being duly

sworn, on oath deposes and says:

1. I was born at Arthur Ontario Canada on the

12th day of August 1872

2. I am the* Father of William Joseph Farrell

He was born on the June 26th 1900 in Burke
Date Town or City

Shoshone Idaho
County State

3. This statement is made on my best memory, information, and belief and is verified by**

Luke M. Farrell
(Signature)

Subscribed and sworn to before me, a duly qualified Notary Public at Detroit

Michigan this 4th day of May 1940.

Ida B. Murphy
Notary Public

My Commission Expires May 8/43.

* Give relationship to person in whose behalf affidavit is executed.

** If record from family Bible, School, Physician's account book, or other document is available, so state in this space.

AFFIDAVIT OF BIRTH

Parent or Older Relative
Physician or Midwife

STATE OF Michigan)
) s.s.
COUNTY OF Wayne)

Mary (Brown) Farrell now residing at 1615 Belvidere Avenue Detroit, Michigan first being duly sworn, on oath deposes and says:

1. I was born at Arthur Ontario Canada on the 15th day of June 1874

2. I am the* Mother of William Joseph Farrell
He was born on the June 26th 1900 in Burke
Date Town or City
Shoshone Idaho
County State

3. This statement is made on my best memory, information, and belief and is verified by**

Mary Brown Farrell
(Signature)

Subscribed and sworn to before me, a duly qualified Notary Public at Detroit, Michigan this 4th day of May 1940.

Ida B. Murphy
Notary Public

My Commission Expires May 8/43.

* Give relationship to person in whose behalf affidavit is executed.

** If record from family Bible, School, Physician's account book, or other document is available, so state in this space.

293416

PLACE OF BIRTH

County of Latah

City of Moscow

No. 238 201 029 666 St.

(If born in hospital or institution give name.)

RECEIVED JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293416

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leona May Schurtz

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 1, ~~193~~ 1900 (Month, Day, Year)

FATHER

9. Full name Lewis Low Schurtz

10. Residence (usual place of abode) (If non-resident, give place and State) MOSCOW

11. Color or race W | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Working for city

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Evaline Cordelia Wood

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race W | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Elk Point So. Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Evaline Schurtz, M. D.

or ~~[illegible]~~ Maiden, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed June, 1940 ..... Registrar.

293416

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 6 1940

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Evaline Schurtz being first duly sworn says that she is the mother (Relationship of child)* of Leona May Schurtz born May 1, 1900 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mrs Schurtz desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leona May Schurtz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. E. Worthington, M. D., was the Midwife medical attendant at the birth of said Leona May Schurtz and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

~~Name of Affiant~~ P.O. Address 1117 24 St Lewiston, Ida.

~~P.O. Address~~ Name of Affiant Mrs Evaline Schurtz

Subscribed and sworn to before me this 4. day of June, 1940

Philip Weisgerber
Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 2 1 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

419 209
001 418

293437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293437

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 609 South 16th Street St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mabel Drusilla Marsh

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 9, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Alfred Marsh	18. Full maiden name Minnie Pearl Maynard
10. Residence (usual place of abode) (If non-resident, give place and State) 609 So 16	19. Residence (usual place of abode) (If non-resident, give place and State) 609 So 16
11. Color or race ..... | 12. Age at last birthday 34 (years)	20. Color or race ..... | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teamster	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 12.30 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Pearl Marsh, Midwife
Address 241 Flume St
Filed June 10, 1940
Registrar.

MAY 27 1958

316-101-037-255

293453

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Grandview

No. ..... St.

(If born in hospital or institution give name.)

JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293453

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Everette Franklin Lawrence

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 1, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel H. Lawrence (~~deceased~~)	18. Full maiden name Nina Kennedy
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 42 (years)	20. Color or race white | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Hoboken, New Jersey	22. Birthplace (city or place) (State or Country) Onslow, North Carolina
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housekeeper
16. Date (month and year) last engaged in this work now engaged, 19.. | 17. Total time (years) spent in this work 20 yrs.	25. Date (month and year) last engaged in this work now is, 19.. | 26. Total time (years) spent in this work lifetime.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn none

29. If stillborn, period of gestation - months or weeks | 30. Cause of stillbirth - Before labor - During labor -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

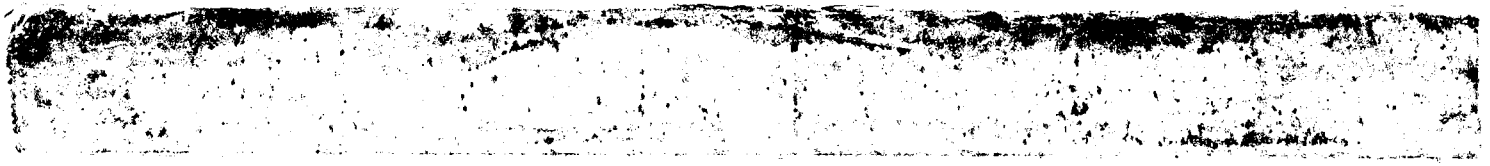
(Signed) Mrs Nina Murphy, M. D.

or Mother of Everette Franklin Lawrence, Midwife

Address Cambridge, Idaho

Filed June, 1940

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

293453

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 10 1940

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mina Murphy being first duly sworn says that

is the mother (Relationship of child)* of Everette Franklin Lawrence

born June 1, 1900 (Date of birth) at Grandview, Idaho,

whose certificate of birth is hereto attached, and that Mrs. Mina Murphy desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Everette Franklin Lawrence

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. C. Meiswender M. D. was the ~~Midwife~~ medical attendant at the birth of said Everette Franklin Lawrence and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Mrs Mina Murphy

Name of Affiant Mrs. Mina Murphy

P. O. Address Cambridge, Idaho

Subscribed and sworn to before me this 10th day of June, 1940

John J. Peacock
Notary Public.

Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

361-109-020: 791

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 10 1940

Registration District No. 380 State File No. 293522

Prim. Registration District No. ____ Local Registrar's No. 12

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home Ida
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lester William Coats

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth January 9, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name William R. Coats	18. Full maiden name Nellie E. Grant
10. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Mtn Home Ida
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) Arrow Rock (State or Country) Mo
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Argyrol

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) William F. Smith, M. D.

or ____, Midwife

Address Mountain Home Ida.

Filed May 9th, 1940 A. Anderson
Registrar.

Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294581

294581

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. 693 123 014-417 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Emmett Fitzgerald

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Mar 23, 1900 (Month, Day, Year)

FATHER

9. Full name William Joseph Fitzgerald
10. Residence (usual place of abode) (If non-resident, give place and State) Payette Idaho
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Ireland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Elsie Magner
19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Ireland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) F R Woodward, M. D.
or ....., Midwife
Address Payette, Idaho.
Filed 6/21, 1940
Registrar.

dup of 1900-2946600

BOTH DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Bellevue
No. 295 122-007-415 St.
Idaho
(If born in hospital or institution give name.)

RECEIVED
JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294605
294605

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WESLEY GEORGE BRESHEARS

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4th | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 22, 1900 (Month, Day, Year)

FATHER
9. Full name WESLEY FLETCHER BRESHEARS
10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue Idaho
11. Color or race white 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Near Joplin Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining & pool hall
15. ~~Industry or~~ business in which work was done, as silk mill, sawmill, bank, etc. " " "
16. Date (month and year) last engaged in this work During, 1923
17. Total time (years) spent in this work do not know

MOTHER
18. Full maiden name ELIZABETH ANNA DAVIES
19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue Idaho
20. Color or race white | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Wales

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "
25. Date (month and year) last engaged in this work all time, 19....
26. Total time (years) spent in this work housewife at time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE
28. Number of children of this mother FOUR (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation None months or weeks
30. Cause of Stillbirth -- None During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 12-1 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth A Breshears MOTHER, M. D.
or ~~Father & Midwife both deceased~~, Midwife
Address .....
Filed June, 1940
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

STATE OF IDAHO

294605

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 24 1940

State of Washington } ss.
County of King }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELIZABETH A. BRESHEARS being first duly sworn says that is the mother (Relationship of child)* of WESLEY GEORGE BRESHEARS born February 22, 1900 (Date of birth) at BELLEVUE, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said WESLEY GEORGE BRESHEARS hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that HER MOTHER- MARY DAVIES, M. D., was the midwife medical attendant at the birth of said WESLEY GEORGE BRESHEARS and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant Elizabeth A Breshears.

P. O. Address 206 West 87th st., Seattle, Wash

Subscribed and sworn to before me this 20th day of June, 1940

Gallie R. Chartered
Notary Public.

Residing at Seattle, ~~Idaho~~ XXXX

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

864-109 029 175

294610

RECEIVED JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 200 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 1126

2. FULL NAME OF CHILD Henry Bayard Hodgins

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Dec 9, 1900 (Month, Day, Year)

FATHER

9. Full name Roland Hodgins
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow
11. Color or race White 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Lucan, ~~36~~ (State or Country) Ontario Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own drug store
16. Date (month and year) last engaged in this work ~~Dec 1939~~ Present
17. Total time (years) spent in this work 12 years

MOTHER

18. Full maiden name Olive Agnew ~~Hodgins~~
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Boise (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 5 years, 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Dr C. L. Gritman, M. D.
or Deceased, Midwife
Address Moscow Idaho

Give name added from a supplemental report .....
(Date of)

Filed June 21, 1940 Harry Embrous
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

294610

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Oline A. (Mrs. Roland) Hodgins being first duly sworn says that she is the Mother (Relationship of child)* of Henry Bayard Hodgins born Dec 9 1900 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Henry Bayard Hodgins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles L. Gritman, M. D., was the Midwife medical attendant at the birth of said Henry Bayard Hodgins and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Roland Hodgins

P. O. Address Moscow Idaho

Subscribed and sworn to before me this 21 day of June 1940

Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Ola
No. 735 113023 266 St.
(If born in hospital or institution give name.)

RECEIVED JUL 3 1940

STATE OF IDAHO 294711
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 294711

2. FULL NAME OF CHILD Charles Thomas Glenn

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 13, 1900 (Month, Day, Year)

FATHER

9. Full name James Michael Glenn

10. Residence (usual place of abode) (If non-resident, give place and State) 2007 N 8 Boise Ida

11. Color or race white | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Deceased

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Margaret Ellen Bowman Glenn

19. Residence (usual place of abode) (If non-resident, give place and State) 2007 N 8 Boise Ida

20. Color or race white | 21. Age at last birthday 39 60 (years)

22. Birthplace (city or place) (State or Country) Star Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Five 5
(a) Born alive and now living 5 (b) Born alive but now dead X (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs William Cramer Midw. M. D.

or Mrs William Cramer, Midwife

Address Deceased

Filed ..... 193.....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

RECEIVED JUL 3 1940

Registrar.

STATE OF IDAHO

294711

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Gem } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Ellen Glenn being first duly sworn says that is the mother (Relationship of child)* of Charles Thomas Glenn born October 13, 1900 (Date of birth) at Ola, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Thomas Glenn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs William Cramer, M. D., was the Midwife medical attendant at the birth of said None and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Margaret Ellen Glenn

P. O. Address 2007 N 8 - Boise Ida

Subscribed and sworn to before me this 3rd day of July, 1940

John G Dunham
Notary Public.

Residing at Boise, Idaho.

Commission expires Jan 31st 1942

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

254-221040-413

494734

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294734

Registration District No. 142 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 82

2. FULL NAME OF CHILD Christina Belle Knudson

3. Sex F. | If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth..... | 6. Premature..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth June 21 1900 (Month, Day, Year)

FATHER

9. Full name Cornelius Knudson

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg-Ida

11. Color or race W. | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill-man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bunker Hill Sullivan

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Carrie Mason

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg-Ida

20. Color or race W. | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House mfr.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth ..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

..... Registrar.

(Signed) J. R. Mason, M. D.

or ....., Midwife

Address .....

Filed June 22, 1940 Mrs. Helen M. Bridle Registrar.

A46-210007-413

294792

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294792

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Moore
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maggie Alice Moore

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Oct. 10, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Stonewall Jackson Moore	18. Full maiden name: Adelaide A. Matthews
10. Residence (usual place of abode) (If non-resident, give place and State): Moore, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moore, Idaho
11. Color or race: White | 12. Age at last birthday: 37 (years)	20. Color or race: White | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place): Joplin (State or Country): Missouri	22. Birthplace (city or place): Bingham (State or Country): Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work .....
	25. Date (month and year) last engaged in this work ....., 19.....
	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Adelaide A. Reese, M. D.
or (mother), Midwife
Address .....

Give name added from a supplemental report .....

(Date of) Filed July, 1940

Registrar. Registrar.

A F F I D A V I T

STATE OF IDAHO,)
: ss.
COUNTY OF BUTTE,)

TO WHOM IT MAY CONCERN:

This certifies that on this the 28th day 294792 of June, 1940, before me, the undersigned Probate Judge of Butte County, State of Idaho, personally appeared Adelaide A. Reese, formerly Adelaide A. Moore, who maiden name was Adelaide A. Matthrews, who after first being duly sworn, deposes and says:

That affiant is the mother of Maggie Alice Moore who was born at Moore, in Blaine County, (now Butte County, State of Idaho), State of Idaho, October 10th, 1900. That there was no attending physician and no record of said birth was sent to any public official. That all of the parties who were present as said birth are now deceased except affiant.

Affiant was born at Bingham, Utah, September 17th, 1876.

Stonewall Jackson Moore, father of said Maggie Alice Moore, was born at Joplin Missouri, November, 1863.

IN WITNESS WHEREOF I have hereunto affixed my hand at Arco, Idaho, this 28th day of June, 1940.

Adelaide A Reese

Subscribed and sworn to before me this 28th day of June, 1940.

Leo A. Thurston
Probate Judge of Butte County, State of Idaho.

AUG 4 1944

2948 S. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294850

Prim. Registration District No. ..... Local Registrar's No. .....

PLACE OF BIRTH

County of Shoshone

City of Kullan Idaho

No. A417220 040 847 St.

(If born in hospital or institution give name.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2. **FULL NAME OF CHILD** Ellen Margaret Daxon

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 20, 1900 (Month, Day, Year)

FATHER

9. Full name: William Daxon — Deceased 3/6/1931

10. Residence (usual place of abode) Kullan, Idaho (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Rock Island (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work June, 15th, 1928

17. Total time (years) spent in this work 23 yrs

MOTHER

18. Full maiden name: Cora Clementine Hughes

19. Residence (usual place of abode) Kullan, Idaho (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Fitzville (State or Country) Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Feb. 28, 1940

26. Total time (years) spent in this work 46 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two (Five)

(a) Born alive and now living 1 (4) (b) Born alive but now dead 1 (c) Stillborn **

29. If stillborn, period of gestation ** months or weeks

30. Cause of Stillbirth ** Before labor ** During labor **

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

Cora Clementine (Date of) Daxon
Registrar.

Filed May, 1940

Registrar.

STATE OF IDAHO

29485)

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho (Washington) } ss.
County of ~~Shoshone~~ King }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Clerantine Dixon being first duly sworn says that she is the Mother (Relationship of child)* of Ellen Margaret Dixon born Sept. 20. 1900 (Date of birth) at Mullan, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ellen Margaret Dixon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Keys (M.D.), M. D., was the Midwife medical attendant at the birth of said Ellen Margaret Dixon and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Cora Clerantine Dixon

P. O. Address 2228. 2nd Ave West

Subscribed and sworn to before me this 10th day of July, 19 40

Dora L. Dyer
Notary Public.

Residing at Kellogg Ida. ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

STATE OF IDAHO

NOV 1 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294858

Registration District No. ____ State File No. 294858

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kellogg
City of Idaho
No. A414-110 840-239 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Henry Hladar

3. Sex boy | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 10, 1900 (Month, Day, Year)

FATHER

9. Full name John Hladar
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race white 12. Age at last birthday ____ (years)
13. Birthplace (city or place) Pisek (State or Country) Austria

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hard rock miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mines
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 18 years

MOTHER

18. Full maiden name Mary Frances Schirmer
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
20. Color or race white 21. Age at last birthday 37 (years)
22. Birthplace (city or place) New York City (State or Country) N. Y.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed July, 1940

____ Registrar.

Registrar.

STATE OF IDAHO

294858

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Spokane }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Frances Madar being first duly sworn says that she is the Mother (Relationship of child)* of John Henry Madar born Aug 10. 1900 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that Mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Henry Madar hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Fenn a neighbor, ~~M. D.~~ Midwife, was the medical attendant at the birth of said John Henry Madar and that the said medical attendant is cannot locate her (Now deceased (or) cannot be located)

Name of Affiant Mrs Mary F. Madar

P. O. Address 1512 W. Nora Spokane Wn.

Subscribed and sworn to before me this 13th day of July, 1940

J. H. Gordon
Notary Public.

Residing at Spokane Wn. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

962 125-025-754

1. PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 412 Coeur D'Alene Avenue St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 24 1940

CERTIFICATE OF BIRTH

296146

Registration District No. 30 State File No.

Prim. Registration District No. 1050 Local Registrar's No.

2. FULL NAME OF CHILD Mark Lawrence Rosen

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth Jan. 5, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Carl Rosen	18. Full maiden name: Christina Pedersen
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Sweden	22. Birthplace (city or place) (State or Country): Denmark
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boatbuilder	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own boatshop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Present employment, 19	25. Date (month and year) last engaged in this work: At the time of this birth, 19
17. Total time (years) spent in this work: 4	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John C. Rosen John C. Rosen, father

or , Midwife

Address 324 West Ewing, Seattle, Washington

Give name added from a supplemental report Theodore Rosen (Date of)

Filed July 24, 1940 Mae G. Atwood Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Theodore Rosen, being first duly sworn says that

he is the uncle (Relationship of child)* of Mark Lawrence Rosen

born January 5, 1900 (Date of birth) at Coeur D'Alene, Idaho,

whose certificate of birth is hereto attached, and that John C. Rosen, the father, desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said nephew, Mark Lawrence Rosen

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Pete Peterson, M. D., was the Midwife medical attendant at the birth of said Mark Lawrence Rosen and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Theodore Rosen Theodore Rosen

P. O. Address 324 W. Ewing, Seattle, Washington

Subscribed and sworn to before me this 22 day of July, 1940

Carolyn M. Schwarz
Notary Public.

Residing at Seattle, Wash. ~~Idaho.~~ Washington

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. 249-183-005-249

PLACE OF BIRTH

County of Boise

City of Placerville

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296185
296185

CERTIFICATE OF BIRTH

Registration District No. 352 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 12

2. **FULL NAME OF CHILD** Martin Lloyd Smith

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth April 3rd 1920 (Month, Day, Year)

FATHER

9. Full name Percifer F Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Placerville

11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Ohio Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Anna R Smith

19. Residence (usual place of abode) (If non-resident, give place and State) Placerville Idaho

20. Color or race ..... 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Placerville Idaho Boise Co

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One

(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11.30 a.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas E Fairchild, M. D.

or ....., Midwife

Address Centerville Idaho

Give name added from a supplemental report .....

(Date of) 7/5

Filed 7/7/20 Chas E Robison

(Registrar.) Registrar.

A865-168-001-389

RECEIVED
AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296200

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. Route #1 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Thomas Alexander ~~Young~~ Yongue

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth Dec. 18, 193 00 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William A. Yongue	18. Full maiden name: Mary Adaline Lydston
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho
11. Color or race: W | 12. Age at last birthday: 53 (years)	20. Color or race: W | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Alabama	22. Birthplace (city or place) (State or Country): Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____ 16. Date (month and year) last engaged in this work: ____, 19____ | 17. Total time (years) spent in this work: ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____ 25. Date (month and year) last engaged in this work: ____, 19____ | 26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Seventh (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7:00 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed ____ 193 ____ Registrar.

RECEIVED
AUG -1 1940
Bureau of Vital Statistics

Mae G. Atwood
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Ada }

William A. Yongue being first duly sworn says that

He is the Father (Relationship of child)* of Thomas Alexander Yongue

born December 18, 1900 (Date of birth) at Boise, Idaho Route #1, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Alexander Yongue hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Farmer, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Wm A Yongue

P. O. Address 904 ' 9th & Blaine St., Caldwell, Ida.

Subscribed and sworn to before me this 1st day of August, 19 40

Notary Public.

Residing at Boise Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A235-010-031-869

County of Lewis

City of Nezperce

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296223
29622-3

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clarice Jennie Stellmon

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth June 10, 1900 ~~193~~ (Month, Day, Year)

FATHER

9. Full name Melvin Seedon Stellmon

10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Greenville, Tennessee

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work June, 1900

17. Total time (years) spent in this work lifetime

MOTHER

18. Full maiden name Effie May Horne

19. Residence (usual place of abode) (If non-resident, give place and State) Nezperce

20. Color or race W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Rogers, Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work June, 1900

26. Total time (years) spent in this work 1½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

RECEIVED

Filed ....., 193...

JUL 31 1940

Mae G. Atwood
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 12 1940

State of Washington } ss.
County of Spokane }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Effie M. Stellmon being first duly sworn says that she is the mother of Clarice Jennie Stellmon
(Relationship of child)*

born June 10, 1900 at NezPerce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarice Jennie Stellmon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Webb M. D. was the Midwife medical attendant at the birth of said Clarice Jennie Stellmon and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Effie M. Stellmon

P. O. Address Greenacres, Washington

Subscribed and sworn to before me this 10th day of July, 1940

[signature]
Notary Public.

Residing at Opportunity, Washington, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 15 1972

91X-1031085-619

296250

RECEIVED
AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296250

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 240 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Everett Rambo

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 3, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Malcolm Rambo	18. Full maiden name Minnie L Ward.
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville Ida
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Virginia	22. Birthplace (city or place) (State or Country) Texas.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work May 3, 1900 | 17. Total time (years) spent in this work 6 yrs.	25. Date (month and year) last engaged in this work May 3, 1900 | 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or ~~Stillborn~~) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or Malcolm G Rambo (Father), Midwife
Address Grangeville Idaho.
Filed July 31, 1940 B. Chipman
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Malcolm G. Rambo being first duly sworn says that he is the father (Relationship of child)* of James Everett Rambo born May 3rd, 1900 (Date of birth) at Grangeville, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Everett Rambo hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. S. E. B ibby, M. D., was the ~~Midwife~~ medical attendant at the birth of said James Everett Rambo and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Malcolm G Rambo

P. O. Address Grangeville, Idaho

Subscribed and sworn to before me this 31 day of July, 19 40

K Rothwell
Notary Public.

Residing at Grangeville, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

SEP 16 1960

794-210-032-378

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG -3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296289

296289

1. PLACE OF BIRTH
County of Lincoln
City of Hagerman
No. ranch St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ARLINE HELEN GRIDLEY

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Aug. 10, 1906 (Month, Day, Year)

FATHER

9. Full name CHARLES E. GRIDLEY --
10. Residence (usual place of abode) Hagerman Idaho (If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 53 (years)
13. Birthplace (city or place) Belvedere (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman Farmer-Co. Commissioner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name MARY FRANCES TAYLOR
name Mary Francis Gridley nee Taylor
19. Residence (usual place of abode) Hagerman, Idaho (If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 43 (years)
22. Birthplace (city or place) Oroville, Calif (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife, mother
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn ---

29. If stillborn, period of gestation ---------- months or weeks
30. Cause of Stillbirth --- During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. MOTHER

(Signed) Mary Frances Gridley Mother, M. D.
or ____, Midwife
Address Hagerman, Idaho

Give name added from a supplemental report ____
(Date of) ____

Filed AUG -3 1940, 193 Mae G. Atwood Registrar.
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA }
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARY F. GRIDLEY, formerly MARY FRANCES TAYLOR being first duly sworn says that she is the mother (Relationship of child)* of ARLINE HELEN GRIDLEY born on the 10th day of August, 1900 (Date of birth) at Hagerman, Lincoln County, Idaho, whose certificate of birth is hereto attached, and that MARY FRANCES GRIDLEY desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ARLINE HELEN GRIDLEY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no physician or surgeon present. M. D. was the Midwife at the time of said birth.

medical attendant at the birth of said NONE and that

the said medical attendant is NONE (Now deceased (or) cannot be located)

Name of Affiant Mary Frances Gridley

P. O. Address 652 E. Queen Street Inglewood, Calif

Subscribed and sworn to before me this 2nd day of August, 1940

Jessie M. Neale
NOTARY PUBLIC Notary Public.
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Residing at [illegible], ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certific in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filin Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

419-114-08

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Ola
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Ola

4. **FULL NAME OF CHILD** Frank Mc Kinley Marler
5. Date of Birth (Month, day, year) 14 Day of March 1900
6. Sex male
7. Twin or Triplet
If so born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathaniel R Marler
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation stage line & stock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Smith
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace March & Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on ... by ... (Registrar's signature)

Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma May Marler, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank Mc Kinley Marler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wm. Pinnegar (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma May Marler Name
620 Everett St. Caldwell, Idaho P.O. Address

Subscribed and sworn before me on this 5th day of August

(SEAL)

Notary Public, residing at Boise, Idaho

APR 11 1952

AUG 3 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-116-035-141

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Peck
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED AUG -6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296362

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Adams Kayler

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? .....

8. Date of birth 2 16, 1900 (Month, Day, Year)

FATHER

9. Full name James Henry Kayler

10. Residence (usual place of abode) (If non-resident, give place and State) Peck

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Janesville, Rock County Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Farming now, 19....

17. Total time (years) spent in this work ✓

MOTHER

18. Full maiden name Mamie Adams

19. Residence (usual place of abode) (If non-resident, give place and State) Peck

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Bayaboo Wisconsin Sauk County.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Housewife now, 19....

26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) four, three
(a) Born alive and now living four. (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug 6, 1940 Mae G Atwood
Registrar. Bureau of Vital Statistics

DUP OF 1900 D 55-711

DELAYED

dup 06 1900-D55-711

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED AUG 6 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mamie Adams Kayler being first duly sworn says that she is the Mother (Relationship of child)* of Roy Adams Kayler born February 16th 1900 (Date of birth) at Peck, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roy Adams Kayler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Sam Allen was the ~~M.D.~~ Midwife medical attendant at the birth of said Roy Adams Kayler and that the said medical attendant is now deceased (Now deceased) (or) cannot be located)

Name of Affiant Mamie Adams Kayler

P. O. Address Peck, Idaho

Subscribed and sworn to before me this 2nd day of August, 1940

Grant F. Maynard
Notary Public.

Residing at Peck, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 3 1968

653-212-001-365

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADA

City of BOISE

No. 1308 Washington St.

(If born in hospital or institution give name.)

AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296363

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mildred Estelle Wells

3. Sex Female

If plural births: 4. Twin, triplet, or other -- 5. Number, in order of birth --

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 12, 1900 193 (Month, Day, Year)

FATHER

9. Full name Edward Lansing Wells

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Indian Ford, Wis.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meteorologist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. S. Weather Bureau

16. Date (month and year) last engaged in this work To date, 19

17. Total time (years) spent in this work 5¾

MOTHER

18. Full maiden name Laura Alice Long

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Near Panora, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Milliner

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Store

25. Date (month and year) last engaged in this work December 31, 1898, 19

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -----

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ------- months or weeks

30. Cause of stillbirth ---- Before labor --- During labor --

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ Father

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Attending physician deceased. M. D.

or Edward L Wells Father, ~~Midwife~~

Address 916 N. E. Hazelfern Place, Portland, Oregon

Give name added from a supplemental report .....

(Date of)

Filed ..... 193 Mae G. Atwood Registrar

Registrar.

AUG -7 1940 Bureau of Vital Statistics

MAR 28 1966

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward L. Wells being first duly sworn says that he is the father (Relationship of child)* of Mildred Estelle Wells born December 12, 1900 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mildred Estelle Wells hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kester, homeopathic physician, M. D., was the Midwife medical attendant at the birth of said Mildred Estelle Wells and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Edward L Wells

P. O. Address 916 N. E. Hazelfern Place, Portland, Or.

Subscribed and sworn to before me this 29th day of July, 1940

Nellie J. Fowler. Notary Public.

Residing at Portland, Oregon, Idaho. Comm. Expires 4/20/42

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

255-112-026-693 RECEIVED 296372

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG - 7 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Lewisville
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: none, at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
In THIS county 20 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Jeferson
(c) City Lewisville
(d) Street Address or R.F.D. No. farm
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Everett Williams Bennett

5. Date of Birth (Month, day, year) Dec. 12, 1900

6. Sex. male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bash L. Bennett
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fontanelle (City or town), Iowa (State or foreign country)
14. Exact Occupation lawyer, farmer then.
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Eva Williams
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Cambria (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead no (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3.00A M. on the date and at the place stated above, and that personal particulars were furnished by Bash L. Bennett (First name) (Last name), who is related to this child as father. (Mother, etc.)

26. (a) Aug 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bash L. Bennett, being first duly sworn, say that I am fat related to (Related to (or) acquainted with) Everett W. Bennett (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ruth Williams (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bash L. Bennett Name

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 6 day of August 1940

(SEAL) Percy Groom Notary Public, residing at Rigby, Idaho

Percy Groom.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-226-030-238

296379

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG -8 1940

(Be sure that information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county [illegible] years 1 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. [illegible]
(e) How long has **MOTHER** lived in Idaho? 5-9 yrs.
(f) Mother's mailing address Boise Ida. R.F.D. 2
3. **RESIDENCE OF FATHER** (city, state) Boise Ida. Salmon

4. **FULL NAME OF CHILD** Elsa Pearl Thompson
5. Date of Birth (Month, day, year) May 26 1900
6. Sex. girl
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Ellsworth Thompson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Russell Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bell Schwartz
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Du Quoin Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 8, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.) and address Date

Bureau of Vital Statistics

State of Idaho, } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Bell Thompson, being first duly sworn, say that I am the mother (Related to (or) acquainted with) to Elsa Pearl Thompson (Name of person on certificate above) as my daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Bell Thompson Name
Boise, Idaho Rural Route 2. P. O. Address

Subscribed and sworn to before me on this 8th day of August, A. D. 1940.

(SEAL) Anton Gordon Notary Public, residing at Boise, Idaho.

Bureau of Vital Statistics

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2964 30

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 296430

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Dempsey
No. A863213003-814 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Opal Maxine Holbrook

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth December 13, 1931 1900 (Month, Day, Year)

FATHER

9. Full name: Benjamin Ward Holbrook

10. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot

11. Color or race: Wh | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Clara Corrine Hauck

19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot

20. Color or race: Wh | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Corrine, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July, 1940

Registrar.

DING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Ada }

Benjamin Ward Holbrook being first duly sworn says that he is the Father by adoption of Opal Maxine Holbrook
(Relationship of child)*

born December 13, 1900 at Dempsey, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Opal Maxine Holbrook hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no doctor M. D. was the Midwife medical attendant at the birth of said Opal Maxine Potter and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Benjamin Ward Holbrook

P. O. Address Kuna, Idaho

Subscribed and sworn to before me this 24th day of July, 1940

John McKean
Probate Judge Ada County, Idaho. Notary Public.

Residing at ....., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A734-124-029-294

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 12 1940

CERTIFICATE OF BIRTH

296441

Registration District No. 201 State File No. 296441

Prim. Registration District No. ____ Local Registrar's No. 1176

1. PLACE OF BIRTH
County of Latah
City of ____
No. Farm near Troy, Idaho
(American Ridge)
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert E. Plunkett

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth June 24, 1900 (Month, Day, Year)

FATHER

9. Full name: Robert G. Plunkett

10. Residence (usual place of abode) American Ridge, Idaho
(If non-resident, give place and State) ____

11. Color or race: W | 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, ~~sawmill, bank, etc.~~: Farm

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Maggie Maddie Anna Simon

19. Residence (usual place of abode) American Ridge
(If non-resident, give place and State) Idaho

20. Color or race: W | 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) R. G. Plunkett, ~~M. D.~~
(Father)
or ____, Midwife
Address ____

Filed 8-8, 1940 John E. Erickson
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Nez Perce } ss.

R. G. Plunkett being first duly sworn says that

he is the Father (Relationship of child)* of Robert E. Plunkett

born June 24, 1900 (Date of birth) on farm on American Ridge near Gros. Idaho, Idaho,

whose certificate of birth is hereto attached, and that Ma Plunkett desires to have the said birth recorded under **Chapter 139—1937, Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert E. Plunkett

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that T. J. Scallon, M. D., was the Midwife medical attendant at the birth of said Robert E. Plunkett and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant R. G. Plunkett

P. O. Address 15th & Elm. Clarkston, Wash.

Subscribed and sworn to before me this 7 day of January, 1940.

Notary Public.

Residing at CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

769 St. Mary Avenue
San Leandro, California

September 12, 1940

State of Idaho
Department of Public Welfare
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

I am returning berth certificate No. 14764, State file No.296441, issued to the undersigned, for the correction of the following:

Item 18 Maddie Anna Sims

should read

Maggie Anna Sims

Please correct and return.

A self-addressed stamped envelope is enclosed for your convenience.

Yours very truly,

Robert E. Plunkett

ROBERT E. PLUNKETT

Enclosure

SEP 16 1940

A556118 011437

296458

296458

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 14 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boundary

City of Curley Creek

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edward Willis Newton.

3. Sex **Male**

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Feb 18 1900 (Month, Day, Year)

FATHER

9. Full name Earl Willis Newton

10. Residence (usual place of abode) (If non-resident, give place and State) Curley Creek

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Jefferson Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cook.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Annie McPheren

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG 14 1940, 193....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of ~~Xxxxxxxxxxx~~ Bonner } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Earl W. Newton being first duly sworn says that he is the father (Relationship of child)* of Edward Willis Newton born February 18th, 1900 (Date of birth) at Curley Creek, Boundary County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edward Willis Newton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said Edward Willis Newton and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Earl W Newton

P. O. Address Spokane Wash

Subscribed and sworn to before me this 9th day of August, 19 40

Arthur K Borden
Notary Public.

Residing at Sandpoint, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A962.226 040 819

RECEIVED AUG 14 1940

296472

296472

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Shoshone
City of Clarkia P. O.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Pearl Robirts

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 26 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Townsend Robirts	18. Full maiden name Susan Adeline Harned
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone County	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone County
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race W. | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Nebraska City Nebraska	22. Birthplace (city or place) (State or Country) Atchison County Missouri
OCCUPATION: 14. Trade, profession, or particular ~~kind of work done, as~~ spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work April 26, 1900 | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work April 26, 1900 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James Townsend Robirts, ~~M.D.~~
or ..... Father, Midwife
Address Vale, Oregon
Filed Aug 14, 1940

Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.D.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 14 1940

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Malheur } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Townsend Robirts being first duly sworn says that he is the father (Relationship of child)* of Ethel Pearl Robirts born April 26, 1900 (Date of birth) at Shoshone County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ethel Pearl Robirts hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Cybele Robirts ~~XXXX~~ was the Midwife medical attendant at the birth of said Ethel Pearl Robirts and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant James Townsend Robirts

P. O. Address Vale, Oregon

Subscribed and sworn to before me this 13th day of August, 1940

Percy Davis
Notary Public.

My commission expires Jan. 13, 1941

Residing at Vale, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 24 1943

259121-037 367

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Wilson
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
No. 296554

CERTIFICATE OF BIRTH

Registration District No. 363 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 265

2. FULL NAME OF CHILD James Frank Keith

3. Sex Masculine | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 21, 1904 (Month, Day, Year)

FATHER

9. Full name John Edward Keith
10. Residence (usual place of abode) (If non-resident, give place and State) Wilson, Ida.
11. Color or race W | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Stockman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Livestock
16. Date (month and year) last engaged in this work Present Occupation 19.....
17. Total time (years) spent in this work 15 years

MOTHER

18. Full maiden name Sarah Ette Cox
19. Residence (usual place of abode) (If non-resident, give place and State) Wilson, Ida.
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or country) Weber.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present Occupation 19.....
26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% nit sol.
28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed July 26 1940 Lyda Rodgers
Registrar.

A252-208 023-154

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296629

29 662

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Aug 19 1940
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Alta Christine Kesgard

3. Sex Fem | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Jun. 8, 1900 (Month, Day, Year)

FATHER

9. Full name Chris Kesgard
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho
11. Color or race White | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Preston, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work all life

MOTHER

18. Full maiden name Etta Anderson
19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Emmett, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none (months or weeks)
30. Cause of stillbirth none (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Signed) ____, M. D.
or ____, Midwife
Address ____

(Date of) ____
Registrar.

Filed Aug, 1940
Registrar.

dup of 1900-304797

BOTH DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Gem } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Etta Kesgard being first duly sworn says that she is the mother (Relationship of child)* of Alta Christine Kesgard

born June 8, 1900 (Date of birth) at Emmett, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alta Christine Kesgard hereto attached are true and correct as ~~stated therein~~, and that this birth has not been previously recorded.

Affiant further states that Augusta Hansen ~~M. D. was~~ Midwife the medical attendant at the birth of said Alta Christine Kesgard and that the said medical attendant is is now deceased (Now deceased (or) cannot be located)

Name of Affiant Etta Kesgard

P. O. Address Emmett, Idaho

Subscribed and sworn to before me this 14th day of April, 1939

Thos Y Gurrison
Notary Public.

Residing at Emmett, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

219-214 030-586

#29 6832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296632
Local Reg. No.
Reg. Dist. No.

AUG 20 1940

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home xx days.
In **THIS** county 5 years 2 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) at time of birth
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 ½ yrs.
(f) Mother's mailing address Loon Lake, Wash.

3. **RESIDENCE OF FATHER** (city, state) Loon Lake, Wn.

4. **FULL NAME OF CHILD** Bernice Ann Bahm

5. Date of Birth (Month, day, year) Nov. 14, 1900

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bahm
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Stumeberg (City or town) Austria (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Liquor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Thomas
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Rawlins, (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Washington }
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Bahm, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bernice Ann Bahm (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Carl (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mattie Bahm Name

Loon Lake P. O. Address

Subscribed and sworn to before me on this 17 day of August

(SEAL) Charles Bahm Notary Public, residing at Loon Lake Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1962

APR 4 1973

APR 12 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-122 035-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296669 **296669**

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 21 1940

1. **PLACE OF BIRTH:** (a) County Nez Pere (b) City Slickpoo
(c) Street Address or R.F.D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Pere
(c) City Slickpoo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Slickpoo

3. **RESIDENCE OF FATHER** (city, state) Slickpoo

4. **FULL NAME OF CHILD** Chester Elmer Holt

5. Date of Birth (Month, day, year) July 22 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Hamilton Holt
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace ~~[illegible]~~ Fort Scott, Kan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Alice Minnick
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.).

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Wash } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Laura Alice Holt McSparren, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Chester Elmer Holt (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nancy Kerns (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Alice Holt McSparren Name
6608 Dayton P. O. Address

Subscribed and sworn to before me on this 19 day of Aug 1940

(SEAL) Gladys J. Martinson Notary Public, residing at Seattle Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 28-220-007-662

County of Blaine

City of Ketchum

No. ..... St. .....

(If born in hospital or institution give name.)

RECEIVED AUG 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297846

Registration District No. 410 State File No. 297846

Prim. Registration District No. ..... Local Registrar's No. 85

2. FULL NAME OF CHILD Helen Shaw

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		yes	yes	~~1900~~ 2 20 1900

FATHER

9. Full name: James Monroe Shaw

10. Residence (usual place of abode) (If non-resident, give place and State): Ketchum, Idaho

11. Color or race: white | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Columbus, Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: present, 19....

17. Total time (years) spent in this work: life

MOTHER

18. Full maiden name: Mary Foster

19. Residence (usual place of abode) (If non-resident, give place and State): Ketchum, Idaho

20. Color or race: white | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Eureka Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: present, 19....

26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5:A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. L. Mourse, M. D.

or ....., Midwife

Address Hailey, Idaho.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed 8-17, 1940 Robert H. Wright

Registrar.

462-102-044-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

297851

State File No. 297851
Local Reg. No.
Reg. Dist. No.

AUG 23 1940

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Salubria
(c) Street Address or R F.D No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 16 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. RFD #3
(e) How long has **MOTHER** lived in Idaho? 63 yrs.
(f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Bruce Irwin Robertson

5. Date of Birth (Month, day, year) April 2, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Dalrymple Robertson
11. Color or Race White - Scotch
12. Age at time of THIS birth 39 yrs.
13. Birthplace Edinburgh (City or town), Scotland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marion Brannan
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Hogum (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ten A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna B. Robertson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Aug 23, 1940 (Date) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna B. Robertson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bruce Irwin Robertson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Green (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna B. Robertson Name
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of August, 1940

(SEAL) [signature] Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A659-224-006843

297985

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls ~~Idaho Falls~~ Idaho
No. XXX St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Florence Cecelia Wernett

3. Sex female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 3rd | 6. Premature no, Full term yes | 7. Legitimate? yes | 8. Date of birth 8/24, 1900 (Month, Day, Year)

FATHER

9. Full name Edward Francis Wernett
10. Residence (usual place of abode) Ida Ho Falls (If non-resident, give place and State) ~~Idaho~~
11. Color or race white 12. Age at last birthday _____ (years)
13. Birthplace (city or place) Effingham Co. Ill (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Ida May Hutchinson
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race white 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Belmond Iowa (State or Country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home ~~life time~~
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation 9 months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Ida M Wernett, M. D.
or Mother, Midwife
Address _____

Filed Aug 26, 1940 Mae G Atwood
Registrar.

_____ Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida Wernett being first duly sworn says that

is the mother of Florence Cecelia Wernett
(Relationship of child)*

born Aug 24th.1900 at Idaho Falls Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Florence CeCelia Wernett

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Crow, ~~M~~ XX D., was the Midwife medical attendant at the birth of said Florence CeCelia Wernett and that the said medical attendant is midwife cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Ida M Wernett

P. O. Address Pasco Wash Ida M Wernett

Subscribed and sworn to before me this 8th day of August 1940, 19

L M Bacon
Notary Public.

Residing at Pasco Wash, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

434211 032-789

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297960

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Robert Joseph Mc Mahon

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term x | 7. Legitimate? yes | 8. Date of birth Feb. 11, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Thomas I. McMahon	18. Full maiden name: Celinda E. Phillips
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: White 12. Age at last birthday ____ (years)	20. Color or race: White 21. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country): Ontario, Canada	22. Birthplace (city or place) (State or Country): Ontario, Canada
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work: Feb., 1900	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ten years	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Weak solution of Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or ~~Stillborn~~) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Henrietta I. McMahon R.N. ~~M. D.~~

or ____, Midwife

Address Shoshone Idaho

Filed 9/10, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

(over)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO)
(ss.
COUNTY OF BINGHAM)

Celinda E. Phillips McMahon being first duly sworn deposes and says: that she is the mother of Robert Joseph McMahon; that she has read the information contained on the birth certificate on the reverse hereof, and that the facts and information contained therein is true.

Celinda E. Phillips McMahon

Subscribed and sworn to before me this 19th day of August, 1940.

E. P. Monson Jr.
Notary Public.

356116 022845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298016
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** AUG 31 1940
(a) County FREMONT (b) City SAINT ANTHONY
(c) Street Address or R F D No. FOURTH STREET
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home No - days. In **THIS** county 4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BANNOCK
(c) City OXFORD
(d) Street Address or R.F.D. No. MAIN STREET
(e) How long has **MOTHER** lived in Idaho? 32 - yrs.
(f) Mother's mailing address ST ANTHONY, IDAHO -

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho -

4. **FULL NAME OF CHILD** CLIFFORD HUNT LEWIS

5. Date of Birth (Month, day, year) MAY 16 TH 1900

6. Sex MALE

7. ~~Twin or~~ Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ISAAC NARIH LEWIS
11. Color or Race WELSH
12. Age at time of THIS birth 31 yrs.
13. Birthplace RICHMOND UTAH. (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JENNIE HUNT LEWIS
17. Color or Race ENGLISH-IRISH-DUTCH
18. Age at time of THIS birth 24 years
19. Birthplace MILLVILLE UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead - 1 - (d) Stillborn - NO -

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.) and address ____ Date

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JENNIE HUNT LEWIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CLIFFORD HUNT LEWIS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MIDDLETON (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Hunt Lewis Name
1453-15th St. Santa Monica California P. O. Address

Subscribed and sworn to before me on this 14th day of August 1940

(SEAL) Grover Barnett Notary Public, residing at SANTA MONICA CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347229 008-376

298049

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Sweet
(c) Street Address or R F D No. RECEIVED
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: SEP 3 1940
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Nebraska (b) County
(c) City York
(d) Street Address or R.F.D. No. 602 Beaver
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address York Nebr. P.O.Box 70

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Agnes Rebecca Liston

5. Date of Birth (Month, day, year) Dec. 29. 1900

6. Sex. FEMALE

7. Twin or Triplet

If so—born ~~1st, 2nd, 3rd~~ 6th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Carey Liston

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Pany (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Anastasia Crook

17. Color or Race White

18. Age at time of THIS birth 40 years

19. Birthplace Waterloo (City or town) Illinois (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sept 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Nebraska } ss.
County of York }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eunice J. Green, being first duly sworn, say that I am related (Related to (or) acquainted with) Agnes Rebecca Liston (Name of person on certificate above) sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alice Craig (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eunice J. Green Name
York Nebr. P. O. Address

Subscribed and sworn to before me on this 27th day of August 1940

(SEAL) P. Nordlund Notary Public, residing at York. Neb

My Commission Expires Feb. 6, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867 224 035 263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298051

State File No. 298051
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City (Ida) Craigmont
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 2 years.....months.....days.

RECEIVED SEP 3 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Three Hills Alberta Can
3. RESIDENCE OF FATHER (city, state) Alberta

4. FULL NAME OF CHILD Mary Hope
5. Date of Birth (Month, day, year) Jan 24 1900
6. Sex Female
7. Twin or Triplet —— If so—born 1st, 2nd, 3rd ——
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Hope
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Birmingham (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Priscilla Bolick
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Hope (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sep 3, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

Dominion of Canada
~~State of~~
Province of Alberta } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Priscilla Hope, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Hope (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Lentz (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Priscilla Hope Name
Three Hills, Alberta, Canada P. O. Address

Subscribed and sworn to before me on this 23rd day of August, 1940

(SEAL) [signature] Notary Public, residing at Three Hills, Alberta

42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 8 1940

CERTIFICATE OF BIRTH

R 98059

298059

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Boise
City of Boise
No. A993-189-001-231 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lynn R Pfost LYNN RICHARD PFOST

3. Sex: male

If plural births: 4. Twin, triplet, or other: no; 5. Number, in order of birth: no

6. Premature: no; Full term: yes

7. Legitimate? yes

8. Date of birth: Apr. 29 1900 (Month, Day, Year)

FATHER

9. Full name: Jacob L. Pfost

10. Residence (usual place of abode) (If non-resident, give place and State): Kansas

11. Color or race: white 12. Age at last birthday: Deceased (years)

13. Birthplace (city or place) (State or Country): Osceola, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: no

16. Date (month and year) last engaged in this work: life, 19

17. Total time (years) spent in this work: life

MOTHER

18. Full maiden name: Lena Stanley

19. Residence (usual place of abode) (If non-resident, give place and State): Kansas

20. Color or race: W. | 21. Age at last birthday: 37 (years)

22. Birthplace (city or place) (State or Country): Bellvedered, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: no

25. Date (month and year) last engaged in this work: always, 19

26. Total time (years) spent in this work: allways

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child): four
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: no (months or weeks)

30. Cause of Stillbirth: 0 (Before labor: 0; During labor: 0)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9-A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ---------- ----------, M. D.

or Mrs. Lena Montgomery, Midwife

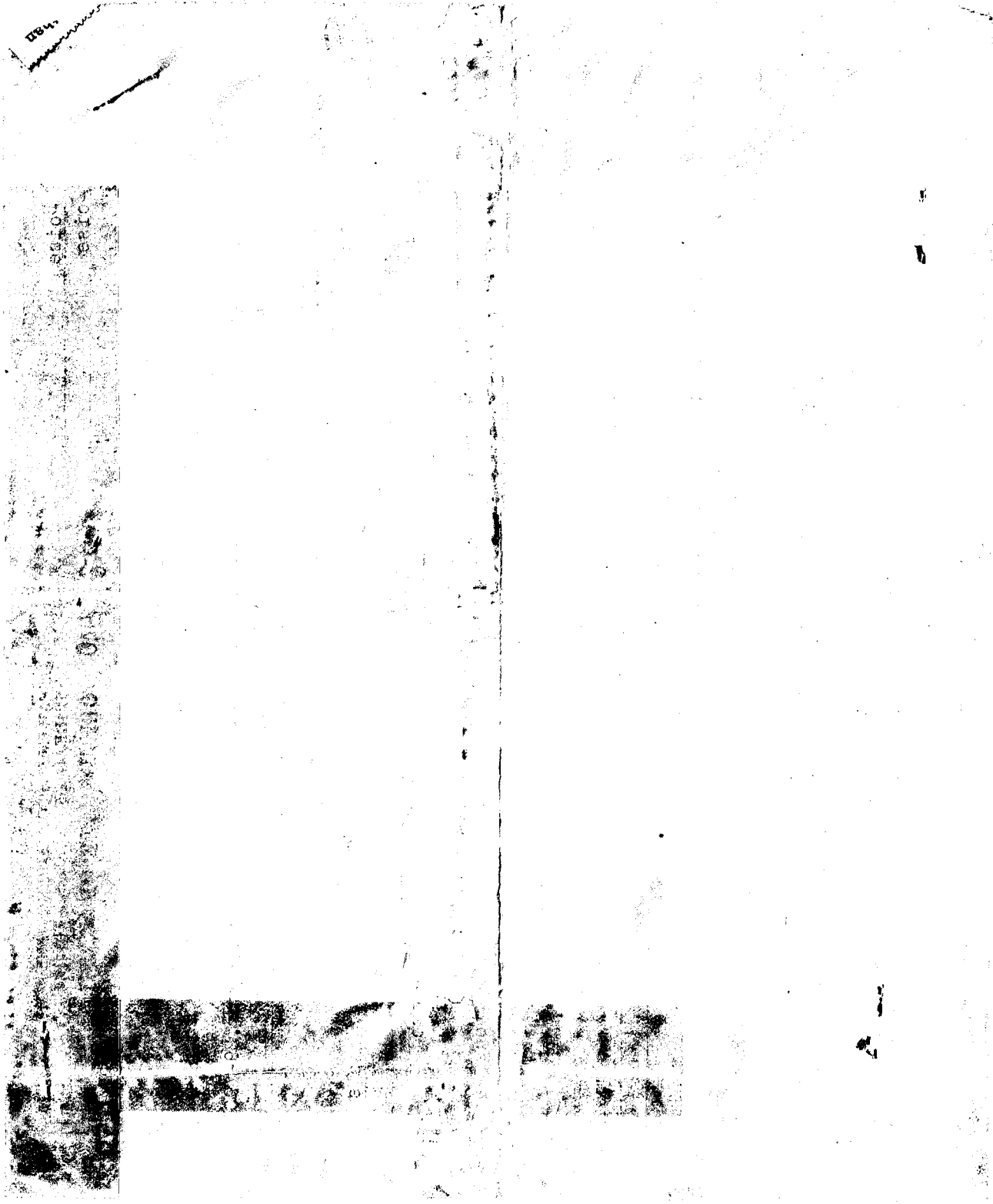
Address Boise

Give name added from a supplemental report _____ (Date of)

Filed Sep 8, 1940 Mae E. Atwood
Registrar.

_____
Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Kansas
County of Phillips } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lena Frost Veuel being first duly sworn says that she is the Mother (Relationship of child)* of Lynn R. Frost born April 29th. 1900 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lynn R. Frost hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Lena Montgomery was the Midwife medical attendant at the birth of said Lynn R Frost and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Lena Frost Veuel

P. O. Address Kirwin, Kansas

Subscribed and sworn to before me this 18th. day of July, 1940

My Commission expires April 19th. 1942

E. O. Townsend
Notary Public.

Residing at Kirwin, Kansas

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

363-207029-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 5 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

298078

State File No. 298078
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No. Route #5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Route #5
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho.

4. **FULL NAME OF CHILD** Violet Mae Cole
5. Date of Birth (Month, day, year) Mar. 2, 1900
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra Lester Cole
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rome, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rae Burch
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Fayette, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn #

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Cole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Anna R Cole Mother (Mother, etc.)
and address Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Anna R. Cole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Violet Mae Cole (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Gritman (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna R Cole X Name
Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 29 day of August, 1940

(SEAL) A M Ragsdale Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319127006912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 7 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

29 3113

State File No. 298113
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R F D No. No 1
(d) Name of Hospital or Maternity Home: Born in Mothers home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address deceased.

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Lawrence Ezra Larsen

5. Date of Birth (Month, day, year) Mar. 27th 1940

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andreas Frederick Wilhelm Larsen

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Haskog (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Rasmussen

17. Color or Race White

18. Age at time of THIS birth 33 years

19. Birthplace Haskog (City or town) Denmark (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 7 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name assigned by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Los Angeles } ss:

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs Hannah C. Roemisch being first duly sworn, say that I am a Cousin to (Related to (or) acquainted with) Lawrence Ezra Larsen as Cousin (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jannet M. Lo. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Hannah C. Roemisch Name
10841 Arizona Ave Culver City P. O. Address

Subscribed and sworn to before me on this 3rd day of September.

(SEAL) Minnie M. Butler Notary Public, residing at 3449 Jasmine Ave Los Angeles Calif.

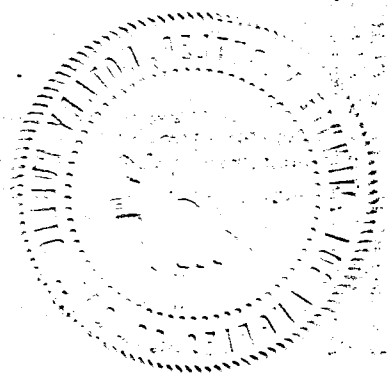
My Commission Expires July 16, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251114030-413

298124

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 7 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298124
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F.D No. none
(d) Name of Hospital or Maternity Home: birth at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address none

3. **RESIDENCE OF FATHER** (city, state) none

4. **FULL NAME OF CHILD** Charles Glenn Beach

5. Date of Birth (Month, day, year) Aug. 14-1900

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wadsworth Beach
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Winona, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Floretta Annie Mathes
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Salmon, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 7, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Bryan, being first duly sworn, say that I am the aunt of (Related to (or) acquainted with) Charles Glenn Beach (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Kinney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie Bryan Name

146 W. Vernon Avenue, Los Angeles California P. O. Address

Subscribed and sworn to before me on this 6 day of September, 1940

(SEAL) May L M Parish Notary Public, residing at Huntington Park Cal

My Commission Expires July 20, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A219-224025-281

798130

SEP 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298130

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ~~Kamiah~~ Idaho
City of Kamiah
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
~~Prim. Registration District No.~~ ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ethel Miole Baity

3. Sex: Fem.

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth 9-24-1900 (Month, Day, Year)

FATHER

9. Full name: Enoch Alfred Baity

10. Residence (usual place of abode) (If non-resident, give place and State): Kamiah Idaho

11. Color or race: White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country): Kamiah Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming

16. Date (month and year) last engaged in this work: 9-24-1900, 19

17. Total time (years) spent in this work: 10

MOTHER

18. Full maiden name: Zona Jane Shaw

19. Residence (usual place of abode) (If non-resident, give place and State): Kamiah Ida.

20. Color or race: White 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country): Missouri 19 Yrs Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: 9-24-1900, 19

26. Total time (years) spent in this work: 4Y

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) E. A. Baity (Father), M. D.
or ~~Midwife~~
Address Kamiah Ida

Filed Sep 5, 1940 Mae D. Atwood
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 5

State of Idaho }
County of Idaho } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Enoch Baily being first duly sworn says that

I is the Father (Relationship of child)* of Mrs L M Winter

born Sept 24 1900 (Date of birth) at Kamiah, Idaho,

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mrs L M Winter

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Enoch Baily Father, M. D., was the Midwife medical attendant at the birth of said was present and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant E. A. Baily

P. O. Address Creston B C. Can

Subscribed and sworn to before me this 23 day of Aug. 1940

[illegible] Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Canada

863 220 035-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Rg5193

State File No. 298193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D No. RECEIVED
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: SEP 12 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1610-15th Ave.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Theresa Hollingsworth

5. Date of Birth (Month, day, year) Sept. 28-1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hollingsworth
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fairbury (City or town) Neb. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive M. Hollingsworth
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace near Fairbury (City or town) Neb. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Sept 10, 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. C. Hollingsworth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Theresa Hollingsworth (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

E. C. Hollingsworth Name
Clarkston Wash P. O. Address

Subscribed and sworn to before me on this 6th day of September 1940

(SEAL) Eula L. Hamlin Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997.220 025 765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 17 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

29829 1

State File No. 29829 1
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Grangeville

3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Henrietta Riggins

5. Date of Birth (Month, day, year) May 20. 1900

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Richard L. Riggins
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mt Idaho (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel E. Jones
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Joncalla (City or town) Oregon (State or foreign country)
20. Exact Occupation ✓
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 17 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ... by ... Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie R. Hill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henrietta Riggins (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie R Hill Name

Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of September

(SEAL) W. B. Bennett Notary Public, residing at Grangeville Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 227 029 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 14 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298298
Local Reg. No. 1214
Reg. Dist. No. 201

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county .....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address 1

3. **RESIDENCE OF FATHER** (city, state) Kendrick Ida.

4. **FULL NAME OF CHILD** Gertrude Winifred Roberts

5. Date of Birth (Month, day, year) August 27 1940

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John N Roberts
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Anna Hill
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum V
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9/16/40 (Date received) (b) [signature] (Registrar's signature)

Attendant's **OWN signature** None M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louisa Roberts, being first duly sworn, say that I am the mother related 5 (Related to (or) acquainted with) Gertrude Winifred Roberts (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louisa Roberts Name
714 W Buckeye Spokane Wn P. O. Address

Subscribed and sworn to before me on this 6th day of Sept, 1940.

(SEAL) [signature] Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845207 007-847 RECEIVED SEP 20 1940

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298352 298352
State File No.
Local Reg. No. 103
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Ketchum
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 19 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nancy Hunter

5. Date of Birth (Month, day, year) 5- 7- 1900

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hunter
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hughes
17. Color or Race white
18. Age at time of THIS birth 19 years
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) 12M M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Hunter (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9-17,1940 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Hunter, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Nancy Hunter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Hunter Name
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of September

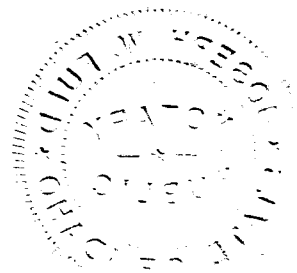
(SEAL) Joseph W. Field Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



A791-205-044-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R.D. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Z95367

298367

SEP 23 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Adams Washington
City of Indian Valley
No. ____ St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ella Elizabeth Gray

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth July 5, 1940 (Month, Day, Year)

FATHER

9. Full name: Robert Edward Gray

10. Residence (usual place of abode) Indian Valley Ida (If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) ____ (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Edith Ellen Stewart

19. Residence (usual place of abode) Indian Valley Idaho (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) Salubria Idaho (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8 (Born Alive or Stillborn) at 8 P m. on the date above stated.

(Signed) Edith E Gray Mother, M. D.

or ____, Midwife

Address Indian Valley Idaho

Filed Sep 23, 1940 Mae G Atwood Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 23 1940

State of Idaho
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith E Gray being first duly sworn says that she is the mother of Ella Elizabeth Gray
(Relationship of child)*

born July 5 1900 at Indian Valley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said child hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mattie E Gray, M. D., was the Midwife medical attendant at the birth of said child and that the said medical attendant is
(Now deceased (or ~~cannot be located~~))

Name of Affiant Edith E Gray

P. O. Address Indian Valley Idaho

Subscribed and sworn to before me this 5 day of Sept, 1940

P. H. Ware
Notary Public.

Residing at Indian Valley, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A154-225001793

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian Idaho

No. ____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 28 1940

CERTIFICATE OF BIRTH

298388

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Berlyce Vera Anderson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate? Yes	8. Date of birth March 25, 1940 (Month, Day, Year)
Female						

FATHER	MOTHER
9. Full name William Mathew Anderson	18. Full maiden name Julia Estella Gilbert
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 23 (years)	20. Color or race White | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Arkansas	22. Birthplace (city or place) (State or Country) Steele City Nebr.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
	25. Date (month and year) last engaged in this work ____, 19____
	26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation none { months or weeks X

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Aug. 1940

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 28 1940

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Julia Estelle Anderson-Darling being first duly sworn says that she is the Mother (Relationship of child)* of Berlyce Vera Anderson, born March 25th 1900 (Date of birth) at Meridian, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Berlyce Vera Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Haley, M. D., was the Midwife medical attendant at the birth of said Dr. H Berlyce Vera Anderson and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Julia Estelle Anderson, now Julia E. Darling.
P. O. Address 1020 Elgin Ill.

Subscribed and sworn to before me this 15th day of July, 1940

Florence La Salle
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 9 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise

City of Roseberry

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
SEP 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299558

Registration District No. ..... State File No. 299558

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edgar Henry Cox

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other: Twin 5. Number, in order of birth:	Full term: X	Yes	June 4th 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John David Cox	18. Full maiden name: Harriet Isabelle Shuster
10. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Ida
11. Color or race: White | 12. Age at last birthday: 36 (years)	20. Color or race: White | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Butler, Bates, Co., Mo
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cattle rancher 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Cattle Ranch 16. Date (month and year) last engaged in this work: June 4th, 1900 17. Total time (years) spent in this work: 20 yrs	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home 25. Date (month and year) last engaged in this work: June 4th, 1900 26. Total time (years) spent in this work: 13 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Harriet Isabelle Cox, M. D.

or ....., Midwife

Address .....

Filed Sep. 23, 1940 Mae G Atwood

Registrar.

367-104-008-284

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Kern } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harriet Isabelle Cox being first duly sworn says that she is the mother (Relationship of child)* of Edgar Henry Cox

born June 4th, 1900 (Date of birth) at Roseberry, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth ~~recorded under Chapter~~ 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edgar Henry Cox

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none M. D. was the Midwife medical attendant at the birth of said Edgar Henry Cox and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Harriet Isabelle Cox

P. O. Address Rt. 6, Box 906, Bakersfield, Californi

Subscribed and sworn to before me this 18th day of September, 19 40

Grace D. Dorris
Notary Public.

My commission expires Nov. 23, 1941 Residing at Bakersfield, California, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boise

City of Roseberry

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED
SEP 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299559

Registration District No. ____ State File No. 299559

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Edmund Benjamin Cox

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
	Twin		X	Yes	June 4th, 1900

FATHER	MOTHER
9. Full name: John David Cox	18. Full maiden name: Harriet Isabelle Shuster
10. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Ida.
11. Color or race: White 12. Age at last birthday: 36 (years)	20. Color or race: White 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Butler, Bates Co., Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cattle Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Cattle Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: June 4th, 1900	17. Total time (years) spent in this work: 20 yrs.
25. Date (month and year) last engaged in this work: June 4th, 1900	26. Total time (years) spent in this work: 13 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) Harriet I Isabelle Cox, M. D.

or ____, Midwife

Address ____

Filed Sep 23, 1940 Mae D. Atwood

Registrar.

367-104-008-284

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Kern } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harriet Isabelle Cox being first duly sworn says that she is the mother (Relationship of child)* of Edmund Benjamin Cox born June 4th, 1900 (Date of birth) at Roseberry, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edmund Benjamin Cox hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Harriet Isabelle Cox

P. O. Address Rt. 6, Box 906, Bakersfield, California

Subscribed and sworn to before me this 18th day of September, 1940.

Grace S. Doreen
Notary Public.

My commission expires Nov. 23, 1941

Residing at Bakersfield, California, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

810

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH.
County of Kootenai
City of Coeur d'Alene
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
SEP 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299586

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 299586

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Richard Haidlinger

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth May 27, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Haidlinger Sr.	18. Full maiden name Mary Zarter
10. Residence (usual place of abode) (If non-resident, give place and State) Oshkosh Wis	19. Residence (usual place of abode) (If non-resident, give place and State) Oshkosh Wis
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or country) Austria	22. Birthplace (city or place) (State or country) Austria
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Millwright	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "
16. Date (month and year) last engaged in this work 1900, 19.... 17. Total time (years) spent in this work 20 yrs	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Haidlinger Father, M. D.

or ..... XMidwife

Address 1003 Ohio Street, Oshkosh, Wis.

Filed Sep 24, 1940 193 Mae G. Atwood
Registrar.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

Bureau of Vital Statistics

819 - 127,028 - 919

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WISCONSIN
County of WINNEBAGO } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Larter Haidlinger being first duly sworn says that

She is the Mother of Charles R. Haidlinger
(Relationship of child)*

born May 27, 1900 at Coer d' Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Charles R. Haidlinger desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles R. Haidlinger hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

[redacted]

(Now ~~divorced (or) separated~~ married)

Name of Affiant Mary Haidlinger

P. O. Address 1003 Ohio Street, Oshkosh, Wisconsin.

Subscribed and sworn to before me this 20th day of September, 19 40

Louis C. Magnuson
(Winnebago County, Wis.) Notary Public.

My Com. Expires: July 16, 1944. residing at City of Oshkosh, Wis.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls
No. 6 St.

RECEIVED
SEP 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299611

CERTIFICATE OF BIRTH

299611

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Lois Mary Enders Blankenham

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term ____	7. Legitimate? Yes	8. Date of birth Nov. 29, 1940 (Month, Day, Year)
Female				

FATHER

9. Full name: John Frederick Enders

10. Residence (usual place of abode) (If non-resident, give place and State): Post Falls, Ida.

11. Color or race: White 12. Age at last birthday: 29 (years)

13. Birthplace (city or place): California (State or Country): Huememe

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stonecaper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: 9 months

MOTHER

18. Full maiden name: Bessie Ingalls Enders

19. Residence (usual place of abode) (If non-resident, give place and State): Post Falls, Ida

20. Color or race: White 21. Age at last birthday: 20 (years)

22. Birthplace (city or place): Milford, Maine (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:10 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Sep. 25, 1940 Mae G. Atwood
Bureau of Vital Statistics Registrar

554-229-028 957

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bessie Ingalls Enders being first duly sworn says that she is the mother of Lois May Enders ~~Blankenhorn~~
(Relationship of child)*

born November 29, 1900 at Post Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lois May Enders Blankenhorn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Weng of Rathdrum, Idaho M. D., was the ~~Midwife~~ medical attendant at the birth of said Lois May Enders Blankenhorn and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Bessie Ingalls Enders

P. O. Address Post Falls, Idaho

Subscribed and sworn to before me this 3rd day of Sept, 1940

W. A. Thapin
Notary Public.

Residing at Post Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

433-211-01K-365

RECEIVED
SEP 25 1940

299612

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 299612

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Cora Conlee McClelland

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth June 11, 1900 (Month, Day, Year) (1900)

FATHER

9. Full name: William John McClelland

10. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Idaho

11. Color or race: white 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Philadelphia, Pa.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traffic Manager

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Boise, Nampa & Owyhee RR.

16. Date (month and year) last engaged in this work: June, 1900

17. Total time (years) spent in this work: One

MOTHER

18. Full maiden name: Maude Conlee McClelland,

19. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Idaho.

20. Color or race: white | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Irvington, Ill.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home

25. Date (month and year) last engaged in this work: June, 1900

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Opt. Nit. Sol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. P. Murray, M. D.

or ____, Midwife

Address Nampa Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed Sep. 25, 1940 Mae G Atwood
Registrar.

Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 20 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

~~304 Coeur d'Alene, Idaho~~

(If born in hospital or institution give name.)

RECEIVED SEP 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

R99644

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. 299644

Prim. Registration District No. ..... Local Registrar's No. 310

2. FULL NAME OF CHILD James Franklin Cooper

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth March 22, 1900 (Month, Day, Year)

FATHER

9. Full name Frank Cooper, Sr.

10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) .....

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Silverton, (State or Country) Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Car Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. N.P. Railroad

16. Date (month and year) last engaged in this work March, 1900

17. Total time (years) spent in this work Several years

MOTHER

18. Full maiden name Margaret Dora Libby

19. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Quebec, (State or Country) Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknwon

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Dolores Cooper Forsyth, sister~~, M. D.

or ....., Midwife

Address 749 68 St., Seattle, Washington

Filed 9.25.40, 193.. H. L. Newcombe M.D. Registrar.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

366-122-028-392

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss. FEB 27 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

DOLORES COOPER FORSYTH being first duly sworn says that SHE is the SISTER of JAMES FRANKLIN COOPER
(Relationship of child)*
born March 22, 1900 at Coeur D' Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said JAMES FRANKLIN COOPER hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

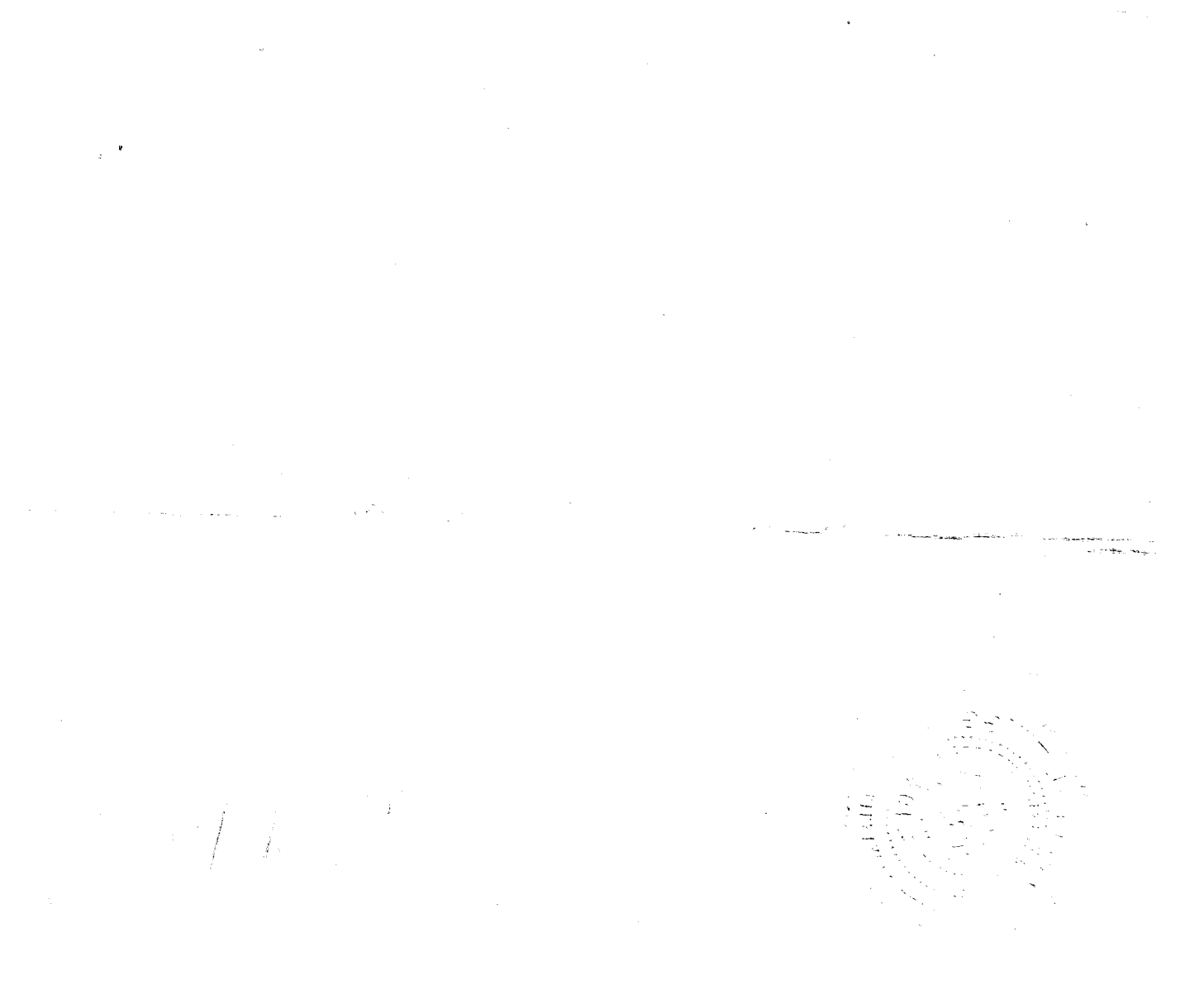
Affiant further states that Dr Eldercome M. D. was the ~~Midwife~~ medical attendant at the birth of said James Franklin Cooper and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Dolores Cooper Forsyth
P. O. Address 7491 68 St, Seattle, Washington

Subscribed and sworn to before me this 18 day of Feb, 1940

Glenn J. Twigg
Notary Public.
Residing at Seattle, Washington, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Gannett
No. R # 1 St.
(If born in hospital or institution give name.)

RECEIVED
SEP 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299648

CERTIFICATE OF BIRTH 299648

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jack Joseph Wurst

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Feb. 17, 1940 (Month, Day, Year)

FATHER

9. Full name John Wurst
10. Residence (usual place of abode) (If non-resident, give place and State) Stanton Ida
11. Color or race White 12. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or Country) Czechoslovakia Katstorf

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work October 1, 1927
17. Total time (years) spent in this work 31

MOTHER

18. Full maiden name Theresea Janda
19. Residence (usual place of abode) (If non-resident, give place and State) Stanton Ida.
20. Color or race White 21. Age at last birthday 47 (years)
22. Birthplace (city or place) (State or Country) Czechoslavakia Buhova

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. waitress
25. Date (month and year) last engaged in this work Sept. 1-1939
26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed Sep. 27, 1940 Mae G Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

649-117-007-115

STATE OF IDAHO

C. A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Blaine. SEP 27 1940 } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Wurst being first duly sworn says that he is the father (Relationship of child)* of Jack Joseph Wurst born February 17, 1900 (Date of birth) at Stanton, Blaine County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jack Joseph Wurst hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Michael Brown [redacted]. was the Midwife medical attendant at the birth of said Jack Joseph Wurst and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant John Wurst

P. O. Address Bellevue, Idaho.

Subscribed and sworn to before me this 21st day of September, 1940.

R. H. McCoy
Notary Public.

Residing at Hailey, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of twins or triplets, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299656

CERTIFICATE OF BIRTH

299656

RECEIVED
SEP 27 1940

Registration District No. 220-22 State File No.
Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Ney Perce
City of Fletcher Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lyle Burton Edmonson

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 2

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth February 10, 1940 (Month, Day, Year)

FATHER

9. Full name George Pringle Edmonson

10. Residence (usual place of abode) ~~Since 1933 Lewiston~~ Lewiston
(If non-resident, give place and State) ~~Lewiston~~

11. Color or race White | 12. Age at last birthday ~~[illegible]~~ 21 (years)

13. Birthplace (city or place) ~~1933 place~~ unknown
(State or Country) State of Michagan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mixed farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Michagan, Idaho and Colorado

16. Date (month and year) last engaged in this work March, 1933

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Mary Inchetable Church

19. Residence (usual place of abode) Lewiston Idaho ~~Lewiston~~
(If non-resident, give place and State) ~~Lewiston~~

20. Color or race White | 21. Age at last birthday ~~[illegible]~~ 20 (years)

22. Birthplace (city or place) Lewiston Idaho
(State or Country) Near Ney Perce Co

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work +

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house keeping

25. Date (month and year) last engaged in this work Ceasest, 1933

26. Total time (years) spent in this work live time

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) 2
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address

Give name added from a supplemental report (Date of)

Filed Sept 26, 1940 193 Patricia Burke Deputy Registrar.

Registrar.

544-110-035-384

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED SEP 27 1940

State of CANADA
County of PROVINCE OF ALBERTA CITY OF DRUMHELLER. } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Mehetabel Edmonson being first duly sworn says that she is the Mother of Lyle Burtos Edmonson
(Relationship of child)*

born February 10th 1900 at near Fletcher, Idaho., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lyle Burtos Edmonson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no Medical Doctor or Midwife, M. D., was the Midwife attendant at the birth of said Lyle Burtos Edmonson and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mary Mehetable Edmonson

P. O. Address Drumheller, Alberta, Canada.

Subscribed and sworn to before me this 22nd day of August, 19 40

A Notary Public in and for Alberta Notary Public.

Residing at Drumheller Alberta Canada

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 19 1962

631-224-028-343 REMOVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299718
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Kootenai (b) City. Bonners Ferry
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county....9.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Kootenai
(c) City. Bonners Ferry
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address. Bonners Ferry

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** Lillian Mary O'Callaghan

5. Date of Birth (Month, day, year) Oct. 24, 1900

6. Sex. female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles O'Callaghan
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace. Buckingham, (City or town) Canada (State or foreign country)
14. Exact Occupation. Realestate, Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Sudbury
17. Color or Race white
18. Age at time of THIS birth 38 years
19. Birthplace. Springfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen V. Shirk, being first duly sworn, say that I am sister (Related to (or) acquainted with) (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Barber (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen V. Shirk Name
2-9-E-17th Ave. Spokane, Wash. P.O. Address

Subscribed and sworn to before me on this 26 day of August, 1940

(SEAL) Ethel V. Loftin Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1945

SEP 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-128022-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299720
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Fremont (b) City Spencer
(c) Street Address or R.F.D. No. Sen. Del
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay BEFORE delivery: continuous at home
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Downey
(d) Street Address or R.F.D. No. Rt 1 Box 801 a
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address R 1 Box 801 A Downey
3. RESIDENCE OF FATHER (city, state) Downey Calif

4. FULL NAME OF CHILD Johnnie Lee Collier
5. Date of Birth (Month, day, year) Sept. 28. 1900
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Crocket Collier	16. FULL MAIDEN NAME Minnie Mary Lee
11. Color or Race white — 12. Age at time of THIS birth 24 yrs.	17. Color or Race white — 18. Age at time of THIS birth 19 years
13. Birthplace Beaver Creek (City or town) Montana (State or foreign country)	19. Birthplace Johlon (City or town) California (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead yes (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Mary Collier (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sep. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie M Collier, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Johnnie Lee Collier (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Mary Collier Name
Rt 1 Box 801 A Downey Calif P. O. Address

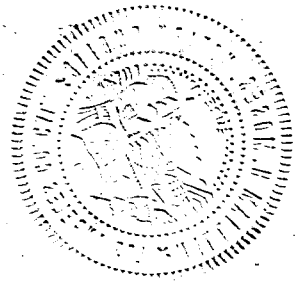
Subscribed and sworn to before me on this 2 day of September 1940
(SEAL) William H Moses Notary Public, residing at Long Beach Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-230-011-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bondary (b) City Bonners Ferry
(c) ~~Street Address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 8 months 20 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Bonners Ferry RFD 2
3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Id

4. **FULL NAME OF CHILD** Edith Danquist
5. Date of Birth (Month, day, year) Oct. 30-1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fritz L. Danquist
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Larson
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fred L. Danquist, being first duly sworn, say that I am Edith Danquist (Related to (or) acquainted with) at Her Faith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ~~[illegible]~~ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fritz L. Danquist Name
R.F.D. 2 Bonners Ferry Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of September 1940

(SEAL) E. B. Schlotter Notary Public, residing at Bonners Ferry Idaho

PROBATE JUDGE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-123-001-315

299806

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Boise

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Lewis LaVake Prout

5. Date of Birth (Month, day, year) May 23, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Prout
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie W. LaVake
17. Color or Race W
18. Age at time of THIS birth 27 years
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 PM M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 10/10/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George W. Prout, being first duly sworn, say that I am related (Related to (or) acquainted with) Lewis LaVake Prout (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mathews (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George W Prout Name
1602 Washington St Boise P. O. Address

Subscribed and sworn to before me on this 10 day of October, 1940

(SEAL) Beth Pendleton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-125-008-236

299808

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299808
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Centerville
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Centerville, Idaho

4. **FULL NAME OF CHILD** George Frederick Van Winkle

5. Date of Birth (Month, day, year) June 25, 1900

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Washington Van Winkle
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
14. Exact Occupation Foreman of Dredge Company
15. Industry or Business in Boise Basin

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Stockton
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 AM. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Oct. 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Ada
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vera E. Folwell, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Frederick Van Winkle (Name of person on certificate above) as Older Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo Vanwinkle, Grnad-mother (Name of attendant at birth) who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Vera E. Folwell Name

1660 Bella St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1940

(SEAL) Beth Pendleburg Notary Public, residing at Boise, Idaho

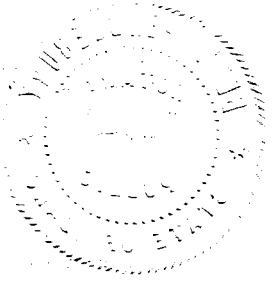
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-105-037233

299821

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 4 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Silver City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 27 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Silver City

3. **RESIDENCE OF FATHER** (city, state) Silver City Idaho

4. **FULL NAME OF CHILD** Raymond Alan Lower

5. Date of Birth (Month, day, year) Dec. 5, 1900

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Byron Beaumont Lower
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Mt. Pleasant, Mich. (City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Anna St. Clair
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Raymond Alan Lower, being first duly sworn, say that I am person (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Raymond Alan Lower ..... Name

Spokane, Washington ..... P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) Marjorie Weber ..... Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF WASHINGTON)
ss
COUNTY OF SPOKANE)

RUTH ANNA LOWER and BYRON B. LOWER, each being first duly sworn on oath deposes and says:

That they are and at all times since June 30, 1891 have been husband and wife; that they are respectively mother and father of Raymond A. Lower; that the said Raymond A. Lower was born December 5, 1900 in Silver City, Owyhee County, Idaho.

Ruth Anna Lower

Byron B. Lower

Subscribed and sworn to before me this 5th day of August, 1937.

Notary Public in and for the State of Washington, residing at Spokane.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Z99829

OCT 7 1940 **CERTIFICATE OF BIRTH**

Registration District No. ____ State File No. 299829

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Elmore
City of Pine Grove
No. ____ St. ____
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** EVERETT TIMOTHY LYNCH

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature No. Full term Yes
7. Legitimate? Yes
8. Date of birth Febr. 15, 1900 (Month, Day, Year)

FATHER

9. Full name: William Timothy Lynch
10. Residence (usual place of abode) Idaho (If non-resident, give place and State) Pine Grove,
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Boston (State or Country) Massachusetts

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Stage Coach Line
16. Date (month and year) last engaged in this work: Febr. 15, 1900
17. Total time (years) spent in this work: 10

MOTHER

18. Full maiden name: Louise Morgan
19. Residence (usual place of abode) Pine Grove (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Boulder (State or Country) Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: Febr. 15, 1900
26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) x Mabel Lynch Davis, M. D.
or (Sister), Midwife
Address Boulder, Colorado
Filed Oct. 7, 1940, 193 Mae L. Atwood Registrar.

Registrar.

Bureau of Vital Statistics

385-115-020-469

STATE OF ~~IDAHO~~ COLORADO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of COLORADO
County of BOULDER } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

OCT 7 - 1940

Mabel Lynch Davis being first duly sworn says that she is the Sister (Relationship of child)* of EVERETT TIMOTHY LYNCH born February 15, 1900 (Date of birth) at Pine Grove, Idaho, Idaho, whose certificate of birth is hereto attached, and that Everett Timothy Lynch desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Everett Timothy Lynch as stated therein and hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said Everett Timothy Lynch and that the said ~~medical attendant~~ is midwife is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mabel Lynch Davis

P. O. Address Boulder, Colo. 523 Walnut Street

Subscribed and sworn to before me this 8 day of July, 19 40

T. J. PEYTON, Notary Public
Boulder County, Colorado
My commission expires Nov. 5, 1940

T. J. Peyton Notary Public.

Residing at Boulder Colo., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

275-2071035-296

299865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299865
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (now Lewis) (b) City on farms
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Lincoln
(c) City Davenport
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5a yrs.
(f) Mother's mailing address Davenport Wash.
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Eula Louise Stellmon (Hamtin)
5. Date of Birth (Month, day, year) March 7, 1900
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wesley Stellmon
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace near Greeneville, Tennessee, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation farmer & stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dillie Brock
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Greene County, Missouri, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... , who is
(First name) (Last name)
related to this child as .....
(Mother, etc.)

26. (a) [illegible] (b) Mae G. Atwood
(Date received) (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by .....
(Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or .....
(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dillie Stellmon, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Eula Louise Stellmon (Hamtin) as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Allard, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Dillie Stellmon ..... Name
Davenport, Washington ..... P. O. Address

Subscribed and sworn to before me on this 12th day of September, 1940

(SEAL) [illegible] Notary Public, residing at Davenport, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-101-031-151

299875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299875

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 7 1940

State File No.....
Local Reg. No.....
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City rural
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City rural
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1898 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) rural, Ida.

4. **FULL NAME OF CHILD** Charles William Shockley
5. Date of Birth (Month, day, year) July 1, 1900
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Shockley
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Franklin Co. Georgia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Frances Heastep
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Collin Co. Texas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. or.....(D.O., Midwife, etc.)
and address [illegible]

26. (a) 10/2 1940 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of.....
County of..... } ss.

I, William Thomas Shockley, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Thomas Shockley Name
Ahsahka, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of October

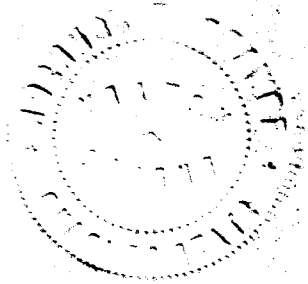
(SEAL) Edward T. Johnson Notary Public, residing at Orofino

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-205-007866

299911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Carey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years 8 months ..... days.

OCT 11 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Sho-Lincoln
(c) City Shoshone.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Shoshone, Idaho
3. **RESIDENCE OF FATHER** (city, state) "

4. **FULL NAME OF CHILD** Roka A. Harris
5. Date of Birth (Month, day, year) April 5, 1900
6. Sex. Female
7. Twin or Triplet Single
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Perry Harris
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hoytsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Howard Harris
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Skelmersdale, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 11, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)
27. Given name added on ... by Statistics Bureau (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Perry Howard Harris, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Roka A. Harris (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alice Carey (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ada Howard Harris ..... Name
Shoshone Idaho ..... P. O. Address

Subscribed and sworn to before me on this 10th day of October 1940

(SEAL) A W Dawson ..... Notary Public, residing at Shoshone, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-111-032-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 29927
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 14 1940

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Bliss
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 2 years = months = days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City ~~Bliss~~ Bliss
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Bliss, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Bliss, Ida.

4. **FULL NAME OF CHILD** Raymond Henry Thomason

5. Date of Birth (Month, day, year) Feb. 11, 1900

6. Sex. male

7. Twin or Triplet XXX

If so—born 1st, 2nd, 3rd XXXXX

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Pearl Paten (Haines) Thomason
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace town unknown (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business 0

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Estella Sanders
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Oct 14, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.) and address ____ Date

State of Idaho
County of Canyon
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lora Estella Thomason, being first duly sworn, say that I am related to (Related to (or) acquainted with) Raymond Henry Thomason (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bray (midwife) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that the birth has not been previously recorded.

Mrs. Lora E. Thomason (Name)
Rte. 1. Melba, Idaho (P. O. Address)

Subscribed and sworn to before me on this 30 day of Sept 1940

(SEAL)

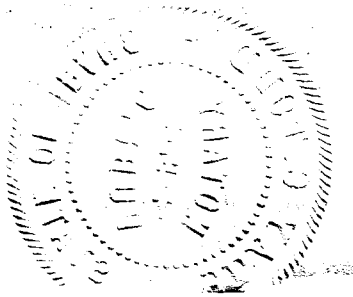
Notary Public, residing at Melba, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of
No. St.
Near, Cataldo.
(If born in hospital or institution give name.)

STATE OF IDAHO 29995 1
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 16 1940

Registration District No. State File No. 29995 1
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Neil James Kamlin

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? | 8. Date of birth July 14 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carl Erick Kamlin	18. Full maiden name Margaret Gillies.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 40 (years)	20. Color or race White 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Farmer and Logger	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper and Cook
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work , 19	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work many years	26. Total time (years) spent in this work Since 1900

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

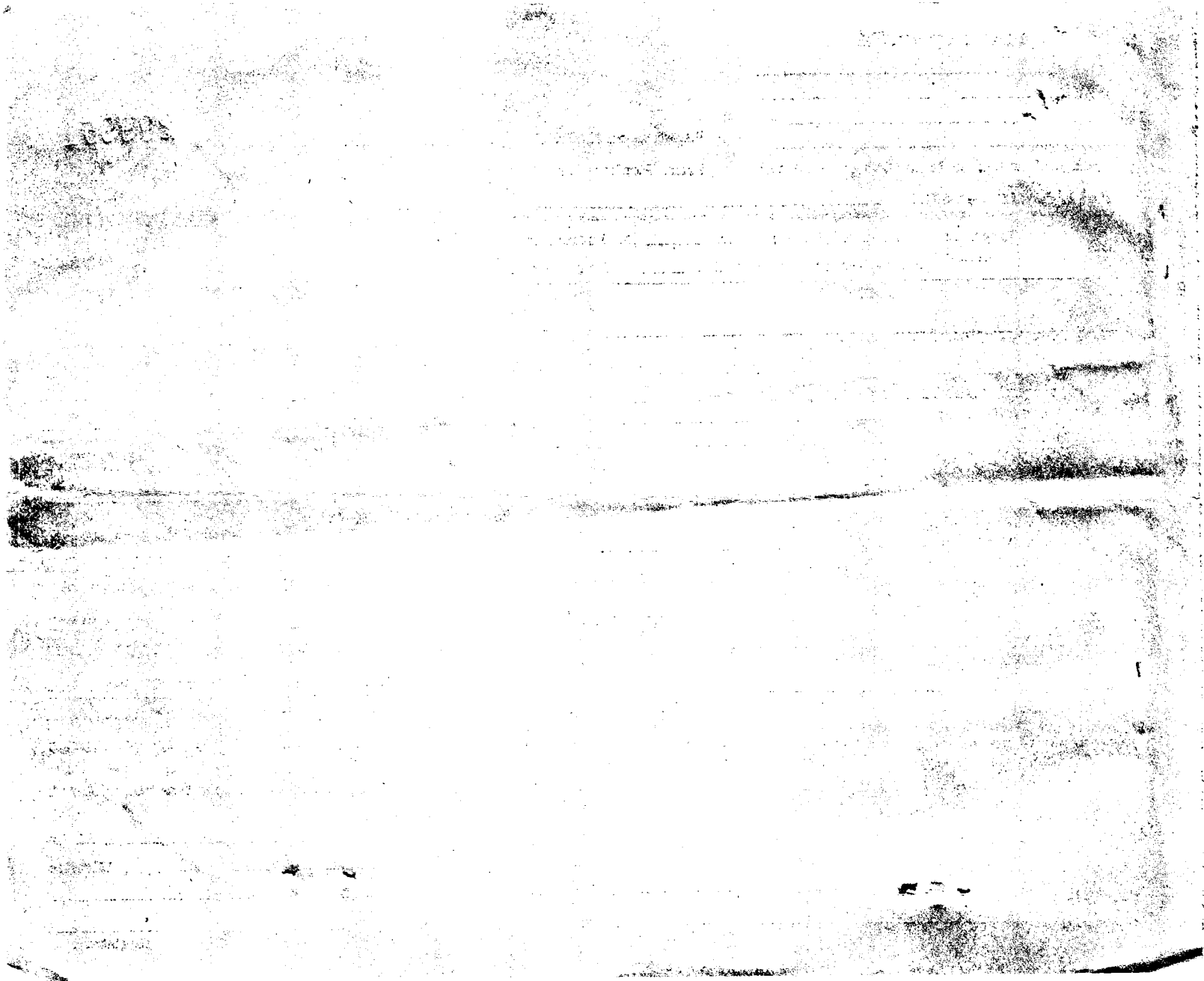
Give name added from a supplemental report (Date of)

Registrar.

(Signed) Margaret Cochrane. Mother
or , Midwife
Address

Filed Oct. 16, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics



214-114-008-793

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

OCT 16 1940

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Cochrane, being first duly sworn says that

is the Son (Relationship of child)* of Carl Eric Kamlin and Hurself

born July 14 - 1900 (Date of birth) near Cataldo, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Son

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that , M. D., was the Midwife medical attendant at the birth of said my Mother and Mrs Dwyer and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Margaret Cochrane

P. O. Address 803 N 11th St Coeur d'Alene Ida

Subscribed and sworn to before me this 14 day of Oct, 1940

Jas A Foster
Notary Public.

Residing at , Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 12 1967

MAY 1242

249-220-028-159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299961 **299961**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Post Falls
(c) Street Address or R F D No. 614-3rd-Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 201-3rd street
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
(f) Mother's mailing address Box 164-Post Falls

3. **RESIDENCE OF FATHER** (city, state) Post Falls Idaho.

4. **FULL NAME OF CHILD** Kathryn Jerman Smith

5. Date of Birth (Month, day, year) Sep-20-1900

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sherman Henry Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace North Fairfield, Ohio (City or town) (State or foreign country)
14. Exact Occupation Justice of the Peace
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Elizabeth Jerman
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Gallipolis, Ohio (City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Flora E. Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct. 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature) by.....

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora E. Smith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Kathryn Jerman Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Verit (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Flora Elizabeth Smith Name

Box 164-Post Falls. Idaho. P. O. Address

Subscribed and sworn to before me on this 7 day of Oct

(SEAL) ..... Notary Public, residing at Post Falls

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-123-003-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299988

State File No. 299988
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Family residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Grace, Idaho

3. **RESIDENCE OF FATHER** (city, state) Grace, Ida.

4. **FULL NAME OF CHILD** Raymond Earl Dalton

5. Date of Birth (Month, day, year) April 23, 1901

6. Sex. Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Alma Dalton
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Cook
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living ....
(c) Born alive and now dead 1 (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Jane Dalton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct. 10, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature ....M.D. or .... (D.O., Midwife, etc.)
and address .... Date

State of UTAH
County of WEBER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah E. Dalton Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Raymond Earl Dalton (Name of person on certificate above) as a Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Harriet Stedman (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Hannah E Dalton Johnson Name

2374 Tyler Ave., Ogden, Utah P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1940.

(SEAL) Charlotte Green Notary Public, residing at Ogden, Utah

My Commission Expires November 18, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/4/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-110-09-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300057
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Houston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 2 years 5 months days.

OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Houston

3. **RESIDENCE OF FATHER** (city, state) Houston, Ida.

4. **FULL NAME OF CHILD** George A. Miller

5. Date of Birth (Month, day, year) Nov. 10, 1900

6. Sex. male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Robert Miller
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Gilroy (City or town) California (State or foreign country)
14. Exact Occupation Shift Boss
15. Industry or Business Mineing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence L. McKey
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boic-acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attending M.D. and nurse are both dead.

26. (a) 10-14-40 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence L. Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) George A. Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles F. Baker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence L. Miller Name
Grouse, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of October 1940

(SEAL) Harris Stacy Notary Public, residing at Mackay, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-113 022 434

300134

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. 237
Reg. Dist. No. 630

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rexburg
(c) Street Address or R F D No. ____
(d) Name of Hospital or Maternity Home: ____ OCT 7 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Rexburg
3. **RESIDENCE OF FATHER** (city, state) Ditto

4. **FULL NAME OF CHILD** Jack M. George
5. Date of Birth (Month, day, year) 6.13.1940
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Thomas Phillip George
11. Color or Race W.
12. Age at time of THIS birth 44 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Lineman for Webster
15. Industry or Business Woodmansey Sheep Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret McMillan
17. Color or Race ____
18. Age at time of THIS birth 35 years
19. Birthplace Murray Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home,

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 10-4-40 (Date received) (b) Mrs Heyrung (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret George, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jack M. George (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret George Name
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) ____ Notary Public, residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 105 025 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 391151
Local Reg. No. 37
Reg. Dist. No. 240

OCT 11 1940

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. xx
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: Mother born in Idaho Co. Idaho.
In Hosp. or Mat. Home. None days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No. xx all her life
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address now deceased.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Walter Marion Braybrook

5. Date of Birth (Month, day, year) July 5 1900

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Braybrook
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Watertown (City or town) Canada (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business xx

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Markham
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum xx
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2
(c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ---- A M. on the date and at the place stated above, and that personal particulars were furnished by William J. Braybrook (First name) (Last name), who is related to this child as Father (Mother, etc.), Physician now deceased.

26. (a) 9-23-1940 (Date received) (b) B Chapman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I William J. Braybrook, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Walter Marion Braybrook (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William J. Braybrook Name

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of Sertember 1940

(SEAL) H C Howell Notary Public, residing at Grangeville, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

FEB 8 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A419-204
County of Nez Perce 035-413
City of Lewiston
No. 911 St. & 5th Ave St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301194

Registration District No. 220 State File No.
OCT 19 1940
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Miss Julia Machacek Marek

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other / 5. Number, in order of birth	Full term X	Yes	Sept. 4, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mr. John ~~G. Hrog~~ albert Marek	18. Full maiden name Katherine Hruska Machacek
10. Residence (usual place of abode) (If non-resident, give place and State) Home—Idaho Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) (Dead) Lewiston, Idaho
11. Color or race White | 12. Age at last birthday 32 (years)	20. Color or race White | 21. Age at last birthday 64 (years)
13. Birthplace (city or place) St. Johns (State or Country) (Czechoslovakia) Bohemia	22. Birthplace (city or place) Nedvedice 25 yrs. (State or Country) Bohemia (Czechoslovakia)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mason work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ..., 19...	17. Total time (years) spent in this work 11 yrs.
25. Date (month and year) last engaged in this work December 11, 1938	26. Total time (years) spent in this work 45 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? City Birth

28. Number of children of this mother (At time of this birth and including this child) 4 (3) girls
(a) Born alive and now living 3 (b) Born alive but now dead 1 girl (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

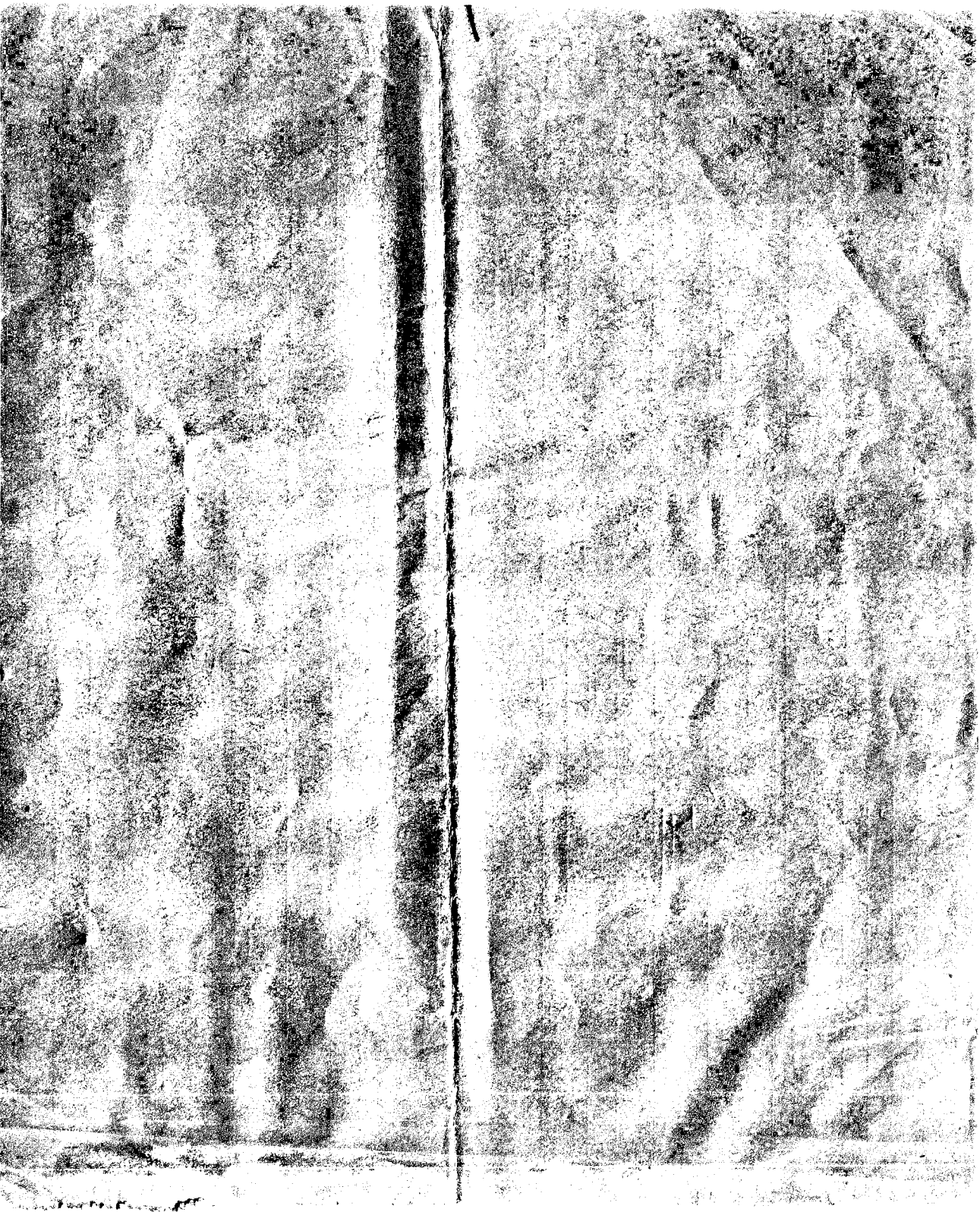
I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..., M. D.
or ..., Midwife
Address ...

Give name added from a supplemental report ...
(Date of)

Filed Oct 15, 1940 Patricia Burke
Deputy Registrar.
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

OCT 1[illegible]

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Albert Marek being first duly sworn says that he is the father (Relationship of child)* of Miss Julia Machacek Marek born September 4, 1900 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Miss Julia Machacek Marek 6507 N E 33 Ave. Portland, Oregon - County of Multnomah hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that not known, M. D., was the Midwife medical attendant at the birth of said Miss Julia Machacek Marek and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant John Albert Marek

P. O. Address 6507 N. E. 33rd Ave., Portland, Oregon

Subscribed and sworn to before me this 14th day of October, 1940.

C. G. Larson
Notary Public.

My commission expires
Feb. 19, 1944.

Residing at Portland, Oregon

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

one copy 10/28/40 L.B.

165 225 036 453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301226

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301226
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street Address or R F.D No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 34 years ..... months ..... days.

RECEIVED
OCT 21 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs 135
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Vesta M. Jones
5. Date of Birth (Month, day, year) July 25, 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edwin M Jones
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Malad (City or town) City Ida (State or foreign country)
14. Exact Occupation Farming & stock
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret M Metcalf
17. Color or Race White
18. Age at time of THIS birth ..... years
19. Birthplace Hyde Park (City or town) ~~Utah~~ Utah (State or foreign country)
20. Exact Occupation House ~~Hamper~~ wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J Kerns, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Vesta M Jones (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J M Kerns (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary J Kerns Name
Malad - Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of October, 1940

(SEAL) Rosa Enke Notary Public, residing at Pocatello, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715 707 003859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301247

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301247
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 23 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Pocatello
3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** Clamor Heise Gavin
5. Date of Birth (Month, day, year) Feb. 7, 1900
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Gavin
11. Color or Race White
12. Age at time of THIS birth ? yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Conductor
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Heise
17. Color or Race W
18. Age at time of THIS birth 24 years
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Hwf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Kate Huntington (First name) (Last name), who is related to this child as Aunt (Mothers Sister) (Mother, etc.)

26. (a) Oct 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of.....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Kate Huntington, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Clamor Heise Gavin (Name of person on certificate above) as Aunt (Mothers Sister) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Payne (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate Huntington Name
Heise Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of Nov 1940

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC
10/31/40
C

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1900-12741Y

3/9/29 005 266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301285
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BENAWAH (b) City ST. MARIES
(c) Street Address or R F D ST. MARIES
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. AT HOME
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State WASH (b) County CLALLAM
(c) City PORT ANGELES
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address RFD #1 PORT ANGELES
3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** HAROLD ELMO LAIRD
5. Date of Birth (Month, day, year) DEC. 29, 1900
6. Sex. MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN LEVI LAIRD
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace FREMONT MO. (City or town) (State or foreign country)
14. Exact Occupation STEAM ENGINEER
15. Industry or Business SAW MILL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADA BOWMAN
17. Color or Race WHITE
18. Age at time of THIS birth 22 years
19. Birthplace PRINEVILL ORE. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by MARY BOWMAN (First name) (Last name), who is related to this child as GRAND MOTHER (Mother, etc.)

26. (a) 10-26-1940 (Date received) (b) Mae G. Attwood (Registrar's signature)

27. Given name added on vital by Statistics (Registrar's signature)

25. Attendant's **OWN signature** Mary Bowman M.D. or MIDWIFE (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Yolo }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Bowman, being first duly sworn, say that I am Grandmother (Related to (or) acquainted with) Harold E. Laird (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ——— (Name of attendant at birth), who attended said birth ——— (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name
P. O. Address

Subscribed and sworn to before me on this 1st day of October 1940

(SEAL) Edward H. Smith Notary Public, residing at Yolo

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-12/037-261

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Melrose
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301291

OCT 1 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Frederick Misner

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 21, 1900 (Month, Day, Year)

FATHER

9. Full name Arthur Elliott Misner
10. Residence (usual place of abode) (If non-resident, give place and State) Melrose
11. Color or race W | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Ill

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Sarah Swanwick
19. Residence (usual place of abode) (If non-resident, give place and State) Melrose
20. Color or race W | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Australia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3:30 a m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) No Physician attended M.D.
or Arthur Elliott Misner Father / Midwife
Address Arthur Elliott Misner Melrose Ida.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed Oct. 1, 1940 Mae G Atwood
Registrar.

Bureau of Vital Statistics

381-203-029-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 28 1940

State File No. **301318**
Local Reg. No. 2404
Reg. Dist. No. 64

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 42 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address deceased
3. **RESIDENCE OF FATHER** (city, state) Troy, Ida.

4. **FULL NAME OF CHILD** Docia May Chaney
5. Date of Birth (Month, day, year) July 3, 1900
6. Sex.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Wm. Lewis Chaney
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Wayne Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Jennings
17. Color or Race W
18. Age at time of THIS birth 38 years
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by William L. Chaney (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 10/26/40 (Date received) (b) Earl Allen Reg. (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Dr. West (deceased) M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ~~Father~~ W L Chaney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Docia May Chaney (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W L Chaney Name
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Oct 1940

(SEAL) L Brooke Notary Public, residing at Troy Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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731-129-1035-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301331
Local Reg. No.
Reg. Dist. No. 221

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Melrose
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 30 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No. Ranch near Melrose
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Melrose Idaho

4. **FULL NAME OF CHILD** Dallas Morton Platt

5. Date of Birth (Month, day, year) Oct 29, 1940

6. Sex. Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Platt
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Achsah Mills Doty
17. Color or Race W
18. Age at time of THIS birth 35 years
19. Birthplace Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 28 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. O. A. Mortimore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dallas Morton Platt (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Physician (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs O A Mortimore Name
x 945 - 2nd St. Clarkston Wn. P. O. Address

Subscribed and sworn to before me on this 28 day of Oct 1940.

(SEAL) Phil [illegible] Notary Public, residing at .....

EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389 125 029 000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301507
Local Reg. No.
Reg. Dist. No.

NOV 6 1940

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No. 712 S.Adams St.
(d) Name of Hospital or Maternity Home: It was at the home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 30 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 927 S.Adams St.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address 927 S.Adams St.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Earl Melvin Christenson

5. Date of Birth (Month, day, year) Feb. 25, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Christenson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oskosh (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Store Clerk
15. Industry or Business Store Clerk

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Varmland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Free delivery
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living dead
(c) Born alive and now dead yes (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Mary Christenson, being first duly sworn, say that I am the mother of Earl Melvin Christenson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Mary Christenson Name
927 S.Adams St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1940

(SEAL) C. H. Peterson Probate Judge Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Nov. 9, 1940. D.W.

STATE OF IDAHO)
) ss.
County of Latah)

Mary Christensen ,being first duly sworn,on oath deposes and says: That she is the mother of Earl Melvin Christensen,and that she knows it as a fact that her son Earl Melvin Christensen,was born in Moscow,Latah County,State of Idaho,on February 25th, 1900.

Affiant further states that she has the baptismal certificate of the said Earl Melvin Christensen,and that the same shows that he was baptised at Moscow,Latah County,State of Idaho,on June 3rd,1900, byP.N.Melby,who was the Methodist minister at Moscow,Idaho,at that time.

Mrs Mary Christensen

Subscribed and sworn to before me this 25th day of October,1940.

L. J. Peterson

Probate Judge of Latah County, State of Idaho,and residing at Moscow,Idaho.

219-231-029-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301542

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301542
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Latah (b) City Lewiston
(c) Street Address or R F.D No. Main Street
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. In **THIS** county ..... years 10 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City Portland (d) Street Address or R.F.D. No. [illegible]
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Main St. Lewiston

3. **RESIDENCE OF FATHER** (city, state) Portland Oregon

4. **FULL NAME OF CHILD** Lois Mae Bailey

5. Date of Birth (Month, day, year) May 31, 1900

6. Sex F

7. Twin or Triplet No — If so—born (1st) 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathan Bailey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace unknown (City or town) North Carolina (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Bertha Whittle
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Bookkeeper
21. Industry or Business Grocery Store

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Nov. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud B Pepper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lois Mae Bailey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Bond (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maud B Pepper Name
1643 W 22 Street Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1940

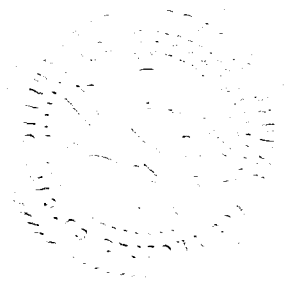
(SEAL) Samuel R. Garb Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued Nov. 13, 1940. L.W.

193-216-037-314

301657

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Silver City

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 395 State File No. 301657

Prim. Registration District No. ..... Local Registrar's No. 39

2. FULL NAME OF CHILD GORDON MARGUERITE DICKENS

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth June 16, 1900 (Month, Day, Year)
Female				

FATHER		MOTHER	
9. Full name	JULIUS E. DICKENS,	18. Full maiden name	Jeane Whipple Cameron
10. Residence (usual place of abode) (If non-resident, give place and State)	Silver City, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Silver City Idaho
11. Color or race White | 12. Age at last birthday 26 (years)		20. Color or race White | 21. Age at last birthday 23 (years)	
13. Birthplace (city or place) (State or Country)	Steila coom Washington Territory	22. Birthplace (city or place) (State or Country)	Lansing Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Grocery Clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Mercantile	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own home
16. Date (month and year) last engaged in this work	June 16, 1900	25. Date (month and year) last engaged in this work	....., 19....
17. Total time (years) spent in this work	1 year	26. Total time (years) spent in this work	0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ was present at the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Frank D Hall, M. D.

or Aunt, ~~Midwife~~

Address Nyssa, Oregon

Filed Oct. 26th, 1940 T. A. Leonard

Registrar.

SEP 15 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of MALHEUR } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Frank D. Hall being first duly sworn says that

is the Aunt (Relationship of child)* of GORDON MARGUERITE DICKENS

born June 16th, 1900 (Date of birth) at Silver City, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said GORDON MARGUERITE DICKENS

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. K. HAMILTON M. D. was the ~~Midwife~~ medical attendant at the birth of said GORDON MARGUERITE DICKENS and that the said medical attendant is Now deceased.
(Now deceased) (or) cannot be located)

Name of Affiant Mrs. (Frank) Mrs. F. D. Hall

P. O. Address Nyssa, Oregon.

Subscribed and sworn to before me this 10 day of October, 1940

Comm exp 3-21-44 Carl H Coad Notary Public.

Residing at Nyssa Ore., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 4 1944

cc - 11-20 [illegible]

145-21-029-749

301782

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** Idaho
(a) County Nez Perce ..... (b) City Moscow .....
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: RECEIVED
(e) Mother's stay **BEFORE** delivery: NOV 18 1940
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho ..... (b) County Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Norma Opal Ames

5. Date of Birth (Month, day, year) Sept 16, 1940

6. Sex. F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Ames

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Waukegan, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business General blacksmithing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Frances Purnell

17. Color or Race W

18. Age at time of THIS birth 26 years

19. Birthplace Allendale, Missouri
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Mae G Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Frances Ames, being first duly sworn, say that I am related to (Related to (or) acquainted with) Norma Opal Ames (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Frances Ames .....Name
Route 1, Snohomish, Wash .....P. O. Address

Subscribed and sworn to before me on this 24th day of Oct 1940

(SEAL) Notary Public, residing at Everett, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/26/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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755-102-029-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301788
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Barn at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——days.
In **THIS** county ——years ——months ——days.

RECEIVED NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow Ida.

4. **FULL NAME OF CHILD** Wallace Ratcliffe Peerman
5. Date of Birth (Month, day, year) July 2, 1940
6. Sex. Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles C. Peerman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Newport, Texas (City or town) (State or foreign country)
14. Exact Occupation Harvesting
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Ratcliffe
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Asheville, N. Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, Father) Mae G. Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles C. Peerman, being first duly sworn, say that I am (Father) related to (Related to (or) acquainted with) Wallace Ratcliffe Peerman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Christensen (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Deceased

Charles C. Peerman Name
457 San Francisco Street, Pomona P. O. Address Calif.

Subscribed and sworn to before me on this 28th day of September, 1940.

(SEAL) Lolita S. Lady Notary Public, residing at Pomona, Calif.
MY COMMISSION EXPIRES MARCH 6, 1944

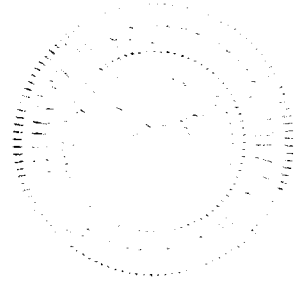
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/26, 1940 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



265 722 044 249

302870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D No. None
(d) Name of Hospital or Maternity Home: own house
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 16 years.....months.....days.

NOV 27 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Pasadena
(d) Street Address or R.F.D. No. 555 Michigan Blvd
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address same as above

3. **RESIDENCE OF FATHER** (city, state) above

4. **FULL NAME OF CHILD** Leslie Earle Sweany

5. Date of Birth (Month, day, year) Sept 22, 1900

6. Sex. male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmond Everett Sweany
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Riley County, Kansas. (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Belle Smith
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Havenville, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Nov. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Belle Sweany, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leslie Earle Sweany (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. H. Greene (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nettie Belle Sweany Name
555 Michigan Blvd., Pasadena, Calif. P. O. Address

Subscribed and sworn to before me on this 29th. day of October, 1940.

(SEAL) Kurt A. Chilson Notary Public, residing at Pasadena, Calif.

My Commission Expires Oct. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/2/40 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-224032

United States
Department of Commerce
Bureau of the Census

239

(Be sure the information is as of date of birth of THIS child)

NOV 28 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302902
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Payette (b) City Payette
(c) Street Address or R F.D No. Genl. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years 4 months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. Genl. Deliv.
(e) How long has MOTHER lived in Idaho? 4 mos. yrs.
(f) Mother's mailing address Payette, Genl. Del
3. RESIDENCE OF FATHER (city, state) Payette, Id

4. FULL NAME OF CHILD Lillian Mae Thrall
5. Date of Birth (Month, day, year) Feb. 24, 1900.
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 10
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ben A. Thrall
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Macon, Mo. (City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Belle Blizzard
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Blackhawk, Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this ~~mother~~ (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 11:00 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Nov. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of COLORADO
County of DENVER } ss.
BEN. A. THRALL

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am related to (father) (Related to (or) acquainted with) Lillian Mae Thrall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Dr. (name forgotten) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ben A. Thrall Name
5 South Sherman, Denver, Colo. P. O. Address

Subscribed and sworn to before me on this 25th day of November, A.D. 1940

(SEAL) Ethel Carbert Notary Public, residing at Denver, Colo.

My Commission expires Aug. 25, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/3/40 L. F.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759 110 033 651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 27 1940

State File No. 302917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Kenneth ~~Franklin~~ Perry
5. Date of Birth (Month, day, year) Dec 10th 1900
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? 11

FATHER OF CHILD

10. **FULL NAME** Joseph Perry
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business no

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Deborah Weaver
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Anamosa, Iowa. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov-27 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Deborah Perry, being first duly sworn, say that I am related to Kenneth Perry (Related to (or) acquainted with) (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Riggs (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Deborah Perry Signature
Lorenzo, Idaho. P. O. Address

Subscribed and sworn to before me on this 26 day of November, 19 40

(SEAL) Ruth L. Bennett Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 201 040-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 28 1940

State File No. 302924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Wallace

3. RESIDENCE of FATHER (city, state) Wallace Idaho

4. FULL NAME OF CHILD Thelma Mercedes Hauge
5. Date of Birth (Month, day, year) July 1, 1900
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Andrew Alexander Hauge	16. FULL MAIDEN NAME	Alice M. Thayer
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	41 yrs.	18. Age at time of THIS birth	26 yrs.
13. Birthplace (City or town)	Flora	19. Birthplace (City or town)	Oconto
(State or foreign country)	Norway	(State or foreign country)	Wisconsin
14. Exact Occupation	Miner	20. Exact Occupation	Housewife
15. Industry or Business	Mining	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, Mae G. Atwood)

26. (a) Nov. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora T. Ellars, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Mercedes Hauge (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Genoway (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora T. Ellars Signature
116 West Idaho, Kellogg, Idaho P.O. Address

Subscribed and sworn to before me on this 27th day of November, 1940

(SEAL) [signature] Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 3, 1940. E.W.

249-229 014-791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Payette, 5 mi south
No. ..... St.
(If born in hospital or institution give name)

DEC 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

302957

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Genevieve Surber

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	Aug. 29, 1906

FATHER	MOTHER
9. Full name: Lee Elwood Surber	18. Full maiden name: Edna P Graham
10. Residence (usual place of abode) (If non-resident, give place and State): Payette Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Payette, Idah
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 28 (years)	21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Stanford Ky.	22. Birthplace (city or place) (State or Country): Bleeker, N.Y
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6.30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F. R. Woodworth, M. D.
or ....., Midwife
Address Payette, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec. 2, 1940, 193... Mae G. Atwood
Registrar, Bureau of Vital Statistics

Certified Copy issued Dec. 9, 1940. E.M.

AUG 1 1972

618 123 025 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Cottonwood

3. **RESIDENCE of FATHER** (city, state). same

4. **FULL NAME OF CHILD** Lloyd Fay

5. Date of Birth (Month, day, year) 9-23-1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew J. Fay
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Cox
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Allen, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec 2, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Garfield } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Cox Patterson, being first duly sworn, say that I am related (Related to (or) acquainted with) Lloyd Fay (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gerding (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Cox Patterson Signature
Pomeroy, Washington P. O. Address

Subscribed and sworn to before me on this 30th day of November, 19 40

(SEAL) Notary Public, residing at
Court commissioner residing at Pomeroy, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 302996

DEC 3 1940

1. **PLACE OF BIRTH**
County of Shoshone
City of Osburn Idaho
No. 713 707 040-133 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 141 Local Registrar's No. 148

2. **FULL NAME OF CHILD** John Paul Patterson

3. Sex: Boy
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Oct 7th 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cassius M. Patterson	18. Full maiden name: Mary Lucy Allen
10. Residence (usual place of abode) (If non-resident, give place and State): Osburn Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Osburn Idaho
11. Color or race: White | 12. Age at last birthday: 39 (years)	20. Color or race: White | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Columbus Ohio	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 9 P. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Sadie Allen, Midwife
Address Delta Idaho

Filed Dec 2, 1940 John Buer
Registrar.

Registrar.

214727010-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 1940

303012

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BONNEVILE (b) City COLTMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In ~~Hosp. or Mat.~~ Home ..... days.
In THIS county S/R years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BONNEVILE
(c) City COLTMAN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? FOUR yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): COLTMAN, IDAHO

4. FULL NAME OF CHILD IRVIN ADAM SAUER

5. Date of Birth (Month, day, year) JUNE 27, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? [illegible]

FATHER OF CHILD

10. FULL NAME ADAM SAUER
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace HESSEN (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMING AND REALESTATE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA HALL
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace ROANOAK (City or town) VIRGINIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum LYSOL
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attend[illegible]s OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Hall Sauer, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) IRVIN ADAM SAUER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that HULDA HERTZOG (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Viola Hall Sauer Signature

..... P. O. Address

Subscribed and sworn to before me on this 25th day of Nov. 1940

(SEAL) [illegible] Notary Public, residing at Van Nuys, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy Issued Dec. 9, 1940. E.M.

619-220-040.249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

303022

DEC 4 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Norma Lee Warner

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Dec. 20, 1900 (Month, Day, Year)

FATHER

9. Full name Lewis Elmer Warner
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Dawn Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Concentrator
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Artice Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Gates Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. -
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) J. R. Mason, M. D.
or ....., Midwife
Address Kellogg Idaho
Filed Dec. 4, 1940 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics

Certified Copy issued Dec. 10, 1940. E.W.

A454123 035 385

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 5 1940

303031

1. PLACE OF BIRTH
County of Nez Perce
City of Myrtle
No. ____ St. ____
(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elmer Lee DeMaris

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth Jan 23, ~~193~~ 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Michael Ephraim DeMaris	18. Full maiden name: Minnie Theuenkauf
10. Residence (usual place of abode) (If non-resident, give place and State): Myrtle, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Myrtle, Idaho
11. Color or race: White | 12. Age at last birthday: 22 (years)	20. Color or race: White | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Dixie, Wash.	22. Birthplace (city or place) (State or Country): Hessen Germany
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Jan, 1940	17. Total time (years) spent in this work: 2 yrs.
25. Date (month and year) last engaged in this work: Jan, 1940	26. Total time (years) spent in this work: 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: One (b) Born alive but now dead: One (c) Stillborn: —

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of) ____

Filed Nov. 29, 1940 Patricia Burke Deputy Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California
County of ~~Ada~~ Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Michael E DeMaris being first duly sworn says that he is the Father (Relationship of child)* of Elmer Lee DeMaris born Jan 23, 1900 (Date of birth) at Myrtle, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elmer Lee DeMaris hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Do not recall, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mike E. DeMaris

P. O. Address 1344-17th St Santa Monica Cal.

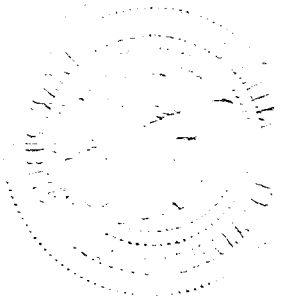
Subscribed and sworn to before me this 22nd day of November, 19 40

Notary Public.
in and for the State of California,
County of Los Angeles. City Hall
Santa Monica, Calif. ~~Idaho~~.

My Commission Expires Dec. 22nd, 1941.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Certified Copy issued Dec. 11, 1940. E.W.



485 729 001 366

303057

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Edward Elmer Myers

5. Date of Birth (Month, day, year) Oct. 29, 1900

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Edward Elmer Myers
11. Color or Race.....
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grand Round (City or town) Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara E. Cook
17. Color or Race.....
18. Age at time of THIS birth 32 years
19. Birthplace Traverse City (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living X
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother) Mae G. Atwood

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Nevada
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Edw. E. Myers, being first duly sworn, say that I am Related to ~~Mother~~ (Related to (or) acquainted with) Elmer Edward Myers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Edward E. Myers Name
Boulder City, Nevada P. O. Address

Subscribed and sworn to before me on this 27th day of November

(SEAL) D H Delman Notary Public, residing at Boulder City

COMMISSION EXPIRES MAY 10, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/10/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 12, 1940. E.M.

962-130-029-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 6 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

303065

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. Kendrick
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Kendrick

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Stephen Lee Roberts

5. Date of Birth (Month, day, year) April 30, 1900

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** DeForrest Lee Roberts
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) New York State (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Adelia Williams
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace (City or town) Grants Station, New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 00/a M. on the date and at the place stated above, and that personal particulars were furnished by ~~Mrs. Geo. E. Curtiss~~ (First name) (Last name), who is related to this child as Mother (Mother) and was formerly Ida Adelia Roberts Mrs. Geo E. Curtiss

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** Ida Adelia Roberts ~~M.D. or~~ Mother (D.O., Midwife, etc.) and address Now Ida Adelia Curtiss Date Nov 23-1940 McHenry, No. Dak

State of No. Dakota
County of Eddy } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ida Adelia Curtiss formerly Ida Adelia Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) ~~Deforrest~~ STEPHEN Lee Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hupp (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Adelia Curtiss Name
McHenry, No. Dak P. O. Address

Subscribed and sworn to before me on this 23 day of November, 1940

(SEAL) R. F. Rinker Notary Public, residing at New Rockford, N. D.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 12, 1940. [illegible]

296-101-001-249

303076

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 10th & Eastman St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In ~~Hospxxxxxx~~ Home ~~xxxxxx~~
In THIS county ~~xxxxx~~ 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 10th & Eastman Sts.
(e) How long has MOTHER lived in Idaho? 3 mon. ~~yrs.~~
(f) Mother's mailing address 10th & Eastman Sts.

3. RESIDENCE of FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD David Franklin Kromer

5. Date of Birth (Month, day, year) 1-1-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Daniel David Kromer	16. FULL MAIDEN NAME	Louise Otillia Kurrasch
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	31 yrs.	18. Age at time of THIS birth	25 yrs.
13. Birthplace (City or town)	Hanover	19. Birthplace (City or town)	St. Paul
(State or foreign country)	Canada	(State or foreign country)	Minnesota
14. Exact Occupation	Freighter	20. Exact Occupation	Housewife
15. Industry or Business	"	21. Industry or Business	"

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise O. Kromer, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Franklin Kromer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lambertson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise O. Kromer Signature
Rt. #5, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of December, 1940

(SEAL) John Jackson Notary Public residing at Probate Judge Ada County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493105 035 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303109
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nezperce (b) City Nezperce
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In ~~Hosp. or Mat.~~ Home days. In **THIS** county 5 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No. Home on Farm
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Nezperce Idaho

4. **FULL NAME OF CHILD** Earl Vernon Miller

5. Date of Birth (Month, day, year) April 5th 1900

6. Sex. Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Perry Ely Miller

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Scio Lane Co (City or town) Oregon (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business Retail Hardware + Imple.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elizabeth Simpson

17. Color or Race White

18. Age at time of THIS birth 28 years

19. Birthplace Adams (City or town) Oregon (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Perry Ely Miller (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Dec. 9 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Perry Ely Miller, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Earl Vernon Miller (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John Bradbrann (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Perry Ely Miller Name

Soap Lake Wash Box 336 P. O. Address

Subscribed and sworn to before me on this 28th day of November 1940

(SEAL) F. D. DeLancey Notary Public, residing at Soap Lake Wash.

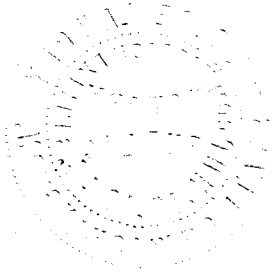
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-19-40 O. S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-129-001-766

303120

30312D

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R F D No. 218 E. Idaho St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home.....days.
   In **THIS** county 23 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 218 E. Idaho St.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.
   (f) Mother's mailing address at present 2604 NE 40th Portland, Ore.
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Robert Goodwin Stone
5. Date of Birth (Month, day, year) Jan. 19, 1900
6. Sex. Male
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9-mos.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Vamilian Stone
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Sandwich (City or town) Illinois (State or foreign country)
14. Exact Occupation Cook Keeper
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Claire Goodwin
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as (Mother).

26. (a) 12/12/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
    and address Date

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Goodwin Stone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Goodwin Stone (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prosser (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Goodwin Stone .....Name
2604 - N.E. 40 - Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 12th day of December, 1940

(SEAL)

James Martin, Jr. .....Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/12/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-117044-866

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 27 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City near Council
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City near Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.
(f) Mother's mailing address Council, Idaho
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Carl Lane
5. Date of Birth (Month, day, year) Oct. 17, 1900
6. Sex. Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Burton Lane
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Cornelia Hoffman
17. Color or Race white
18. Age at time of THIS birth 44 years
19. Birthplace New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 12/27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Lane, being first duly sworn, say that I am related (Related to (or) acquainted with) Carl Lane (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah C. Lane Name
Council, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of December 1940

(SEAL) Matilda Moser Notary Public, residing at Clerk District Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 123044-653

304366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304366

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county [redacted] years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. R.F.D #1
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE of FATHER** (city, state): Weiser Idaho

4. **FULL NAME OF CHILD** Williams Wells Smith

5. Date of Birth (Month, day, year) April 23, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Smith
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fairfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Wells
17. Color or Race White
18. Age at time of THIS birth [redacted] yrs.
19. Birthplace Bates Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Jan. 2, '41 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Wells Smith, being first duly sworn, say that I am Mother (Related to (or) acquainted with) William Wells Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Wells Smith Signature

Weiser Idaho R.F.D. #1 P. O. Address

Subscribed and sworn to before me on this 31st day of December, 1940

(SEAL) C. G. Taylor Notary Public, residing at Weiser, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 107019-355 RECEIVED 304371 304371

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

JAN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304371
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Huston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Harold Leedom Morrissey
5. Date of Birth (Month, day, year) May 7, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Morrissey
11. Color or Race Wh
12. Age at time of THIS birth 56 yrs.
13. Birthplace ..... (City or town) ..... (State or foreign country) Pennsylvania
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Leedom
17. Color or Race Wh
18. Age at time of THIS birth 36 yrs.
19. Birthplace ..... (City or town) Lancaster ..... (State or foreign country) Missouri
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan 6, 1941 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added from Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Clara L. Morrissey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Leedom Morrissey (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Clara L. Morrissey Signature

Mackay Idaho P. O. Address

Subscribed and sworn to before me on this 3 day of January, 1941

(SEAL) A. H. Anderson Notary Public, residing at Mackay Idaho

MY COMM. EXPIRES JULY 5, 1944

cc 1-6-41 Ker

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-216 044-318

3.4409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City
(c) Street Address or R.F.D. No. Salubria, Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No. Salubria, Idaho
(e) How long has MOTHER lived in Idaho? 65 yrs.
(f) Mother's mailing address Boise, Idaho
3. RESIDENCE of FATHER (city, state): deceased.

4. FULL NAME OF CHILD Garnet M. ~~Davis~~ Martin
5. Date of Birth (Month, day, year) Dec. 16, 1900
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Radolphus H. Martin
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Taylor
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 17, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Martin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Garnet M. ~~Davis~~ Martin (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Martin Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of January, 19 41

(SEAL) Wm. E. Dunbar Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-128-001-295

304410

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304410
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise Valley
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise, Valley
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Valley

4. FULL NAME OF CHILD John Bryan Conway

5. Date of Birth (Month, day, year) Aug 28, 1900

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Conway
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise, (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Eliz. Breshears
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pike County, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 18, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Clyde A. Bridger

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. H. Conway, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Bryan Conway (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Physician) (Name of attendant at birth), who attended said birth does not remember name (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W H Conway ✓ Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of January, 1941.

(SEAL) Mildred L. Valley Notary Public, residing at Boise Ida

Comm Exp 11-5-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/18/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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789-210 025 7/14

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

304432

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Kooskia
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

DEC 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State deceased (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Phoebe Grace Phillips- now Thomas
5. Date of Birth (Month, day, year) 6-10-1900
6. Sex. female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Phillips
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation rail road man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe James
17. Color or Race white
18. Age at time of THIS birth 42 years
19. Birthplace State of Iowa (City or town) (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Dec 21 1940 (Date received) (b) Mae D Atwood (Registrar's signature) Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I George W. Phillips, being first duly sworn, say that I am related (Related to (or) acquainted with)
Phoebe Grace Phillips (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George W Phillips Name
Lewiston, Idaho 3745 [illegible] P.O. Address

Subscribed and sworn to before me on this 19 day of November, 1940
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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811-226 044-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address ~~XXXXXXX~~ E. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county 3 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address ~~XXXXXXX~~ E. Main St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 920 Olive St. Santa Ana, Cal.
3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** SELMA MIRIAM HAAS
5. Date of Birth (Month, day, year) Apr. 26 1900
6. Sex. female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** BERNARD HAAS
11. Color or Race Caucasian
12. Age at time of THIS birth 38 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLA LEHMAN
17. Color or Race Caucasian
18. Age at time of THIS birth 22 years
19. Birthplace Missisippi. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bernard Haas (First name) (Last name), who is related to this child as father. (Mother, etc.)

Mae G. Atwood

26. (a) December 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Weiser, Idaho Date 4/26/40

State of California. }
County of Orange. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bernard Haas, being first duly sworn, say that I am related to (Related to (or) acquainted with) Selma Miriam Haas (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Shirley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bernard Haas Name

920 Olive St., Santa Ana, Calif., P. O. Address

Subscribed and sworn to before me on this 24th day of December, 1940

(SEAL) Hunter Ehlen Notary Public, residing at Orange, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1953

APR 14 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 7, 1941. E.W.

169 103 003 751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 843 No Harrison
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 5 years 2 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Weber
(c) City Ogden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Ogden Utah

4. **FULL NAME OF CHILD** George Ernest Jordan

5. Date of Birth (Month, day, year) April 3 1900

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Thomas Jordan
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Fleetwood (City or town) England (State or foreign country)
14. Exact Occupation Boilermaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Peak
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Birkenhead (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as Mother.

26. (a) Dec. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edward C. Jordan, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Ernest Jordan (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (name unknown) (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edward C. Jordan Name
6918 Marlow Ave. Bell Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of December, 1940

(SEAL) Ernest Read Notary Public, residing at 5700 E. Florence Ave Bell Calif

My Commission Expires Oct. 4, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 7, 1941. E.W.

534-223037-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 2 1941

304480

State File No.....
Local Reg. No. 43
Reg. Dist. No. 395

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Silver City
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 15 years approximately

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Deceased (b) County
(c) City 3-30-1900
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Portland Oregon

4. **FULL NAME OF CHILD** Atla Elaine Elmer

5. Date of Birth (Month, day, year) 3-25-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Wells Elmer
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Walla Walla (City or town) Washington (State ~~or foreign country~~)
14. Exact Occupation Cons. Mining Engr.
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eleanor Knapp
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace Silver Cliff (City or town) Colorado (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum one
23. Number of children of this mother: (a) At time of birth and including this child ~~None~~ (b) Born alive and now living ~~None~~ one
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) December 30, 1940 (Date received) (b) T.M. Leonard (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm W. Elmer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Atla Elaine Elmer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harry Lee (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wm W. Elmer
Name
2658 S.W. Corona Portland Ore
Address

Subscribed and sworn to before me on this 27 day of December, 1940

(SEAL) Kathryn F. Comstock Notary Public, residing at Portland, Ore.

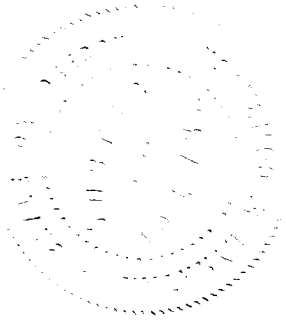
MY COMMISSION EXPIRES MAY 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbo... completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy issued Jan. 10, 1941. B.W.

819 208 016-669

United States
Department of Commerce
Bureau of the Census

JAN 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address ~~deceased~~

3. **RESIDENCE OF FATHER** (city, state) ~~deceased~~

4. **FULL NAME OF CHILD** Annie Genevieve Haight

5. Date of Birth (Month, day, year) Sept. 8, 1900

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horton David Haight
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Sheep Raising & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Genevieve Worthington Haight
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Grantsville, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Jan. 2, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earl Whiteley, being first duly sworn, say that I am acquainted (~~Relationship (or)~~ acquainted with) with ~~Annie Genevieve Haight~~ (Name of person on certificate above) as ~~Annie~~ Neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs A McBride (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

Earl Whiteley Name
Oakley Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of December 1940

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Jan. 9, 1941. E.W.

433/13-035-553

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304531
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Lapwai Idaho

3. **RESIDENCE of FATHER** (city, state). Lapwai Idaho

4. **FULL NAME OF CHILD** Ralph Enterkine McClanahan

5. Date of Birth (Month, day, year) April 13, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Callahill McClanahan
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business For U.S. Indian School

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie S. Enterkine
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Severy (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jennie McClanahan Scott (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan. 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** Jennie McClanahan Scott (D.O., Midwife, etc.)
and address Ellensburg, Wash Date 1/4/41

State of Washington
County of Kittitas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie McClanahan Scott, being first duly sworn, say that I am (Related to (or) acquainted with) Ralph E. McClanahan (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie McClanahan Scott Signature
mother P. O. Address

Subscribed and sworn to before me on this 4th day of January, 19 41

(SEAL) A. T. Gregory Notary Public, residing at Ellensburg, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-107-016-247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Marion
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Merkel LeRoi Whittle

5. Date of Birth (Month, day, year) March 7, 1900

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cooper Whittle

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Grantsville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Smith

17. Color or Race White

18. Age at time of THIS birth 22 years

19. Birthplace Lake View (City or town) Utah (State or foreign country)

20. Exact Occupation House Keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Mendocino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Smith Whittle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Merkel LeRoi Whittle (Name of person on certificate above) as a mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Otto Hamburg (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Smith Whittle Name

Box 428, Willits, Calif. P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1940

(SEAL) R. J. Ritchel Notary Public, residing at Willits, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an adequate payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 15, 1941. E.M.

457125 009 6 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304571
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Colburn
(c) Street Address or R.F.D No. Section House
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Colburn
(d) Street Address or R.F.D. No. Section House
(e) How long has **MOTHER** lived in Idaho? 11 MO. ~~yrs.~~
(f) Mother's mailing address Colburn Idaho

3. **RESIDENCE OF FATHER** (city, state) Colburn Idaho

4. **FULL NAME OF CHILD** Joseph Frederick de Grace
5. Date of Birth (Month, day, year) April 25, 1900
6. Sex Male
7. Twin or Triplet — If so—born ~~1st~~, 2nd, ~~3rd~~
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William de Grace
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Shippigan (City or town), New Brunswick Canada (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Venerande Frigault
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Pokemouche (City or town), New Brunswick Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 8, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Venerande North, being first duly sworn, say that I am related to ~~Mother~~ (Related to (or) acquainted with) Joseph Frederick (Name of person on certificate above) as de Grace (State relationship or acquaintance) as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Luce Leblanc (Name of attendant at birth), who attended said birth ~~still alive~~ Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Venerande North Name
Box 86 Marine Drive P. O. Address

Subscribed and sworn to before me on this 6th day of January 194 Bellingham

(SEAL) M. W. Blondin Notary Public, residing at Bellingham Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 13, 1941. E.W.

599219006297 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D No. 2 miles west
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 12 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Fresno
(c) City Fresno
(d) Street Address or R.F.D. No. Rt 6 Box 540
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Rt 6 Box 540 Fresno,

3. **RESIDENCE OF FATHER** (city, state) (Deceased) Cal.

4. **FULL NAME OF CHILD** Florence Elizabeth Genevieve Ericson

5. Date of Birth (Month, day, year) June 19, 1900

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Ericson
11. Color or Race white
12. Age at time of THIS birth unknown yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming & Dairying
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zada Belle Briscoe
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan. 9, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ZADA B. ERICSON, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Elizabeth Genevieve Ericson, as mother (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (name unknown) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Zada B. Ericson Name

Rt. 6, Box 540, Fresno, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of January, 1941

(SEAL) Chester Andrews Notary Public, residing at Fresno, California

1/16/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845 218 028 355

United States
Department of Commerce
Bureau of the Census

JAN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304727
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Lake Creek Idaho
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Lake Creek Ida.

3. **RESIDENCE OF FATHER** (city, state) Lake Creek Ida

4. **FULL NAME OF CHILD** Gertrude Hannah Hunt

5. Date of Birth (Month, day, year) March-18-1900

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Joseph Hunt
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Carnsville Ont. Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Victoria Levegue
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Centerville Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 14 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.) and address Date

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hanna Hunt, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Gertrude Hannah Hunt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kelly (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hanna Hunt Name
224 W. 4th Av. Spokane Wa. P. O. Address

Subscribed and sworn to before me on this 13th day of January, 1941

(SEAL) Bernard A. Thursey Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433116 040-315

RECEIVED
JAN 17 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304752
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 500 block of Cedar St.
(d) Name of Hospital or Maternity Home: Born in his own family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 300 Block Cedar St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** Joseph Langton McCarthy

5. Date of Birth (Month, day, year) March 16, 1900.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Frederick McCarthy
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace St. Clair, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Mine Manager Hecla Mng. Co.
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rosetta Langton
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ashland, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Unkown M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James F. McCarthy, Jr., being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Langton McCarthy (Name of person on certificate above) as a brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James F. McCarthy Jr. Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941

(SEAL) Charles A. Tilford Notary Public, residing at Wallace, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 24, 1941. E.W.

465 714 020 266

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Glens Ferry
(c) Street Address or R.F.D. No. Gen.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 11 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Ida. (b) County Elmore
(c) City Glens Ferry
(d) Street Address or R.F.D. No. Gen.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Laurence Timothy Donovan
5. Date of Birth (Month, day, year) May 14, 1908.
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Timothy Donovan
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Cork (City or town) Ireland (State or foreign country)
14. Exact Occupation Railroad man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Joretta Brown
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Aurora (City or town) Iowa (State or foreign country)
20. Exact Occupation Home work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature) Acting

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Calif. }
County of L.A. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ellen Joretta Donovan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laurence Timothy Donovan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen J. Donovan Signature
2224 Thomas St. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 17 day of January 1941

(SEAL) H. L. McKinley Notary Public, residing at Los Angeles Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 22, 1941. E.W.

365-108-029-165

United States
Department of Commerce
Bureau of the Census JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county [illegible]rs 5 month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City Kenderick
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? apr 5 yrs.
(f) Mother's mailing address Kendrick Idaho

3. RESIDENCE of FATHER (city, state): Kendrick Ida.

4. FULL NAME OF CHILD ARTHUR RAYMOND LONG

5. Date of Birth (Month, day, year) 5-8-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Isaac Long.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dayton (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie John Long.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Santa Rosa (City or town) Cal. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living [illegible]
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Clyde A. Bridger

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith A. Trombly, being first duly sworn, say that I am ~~Sister~~ related to (Related to (or) acquainted with) Arthur Raymond Long (Name of person on certificate above) as ~~Brother~~ Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunter (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

* Edith A. Trombly Signature
*3617 Corliss Ave P.O. Address

Subscribed and sworn to before me on this 20 day of January, 1941

(SEAL) H. D. Jackson Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 30, 1941. E.W.

455-211-014-292

305 305966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 305966

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 900 Albany St.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 900 Albany
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address 900 Albany St.

3. **RESIDENCE of FATHER** (city, state): Caldwell, Ida

4. **FULL NAME OF CHILD** Helen Isabel Dee

5. Date of Birth (Month, day, year) May 11, 1900

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sumner William Dee
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Holton, (City or town) Kansas (State or foreign country)
14. Exact Occupation Clothing Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Bishop Dee
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Chicago Ill. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/5/41 (Date received) (b) Clyde A. Bridges (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Bishop Dee, being first duly sworn, say that I am related (Related to (or) acquainted with) Helen Isabel Dee (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Maxey (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isabel Bishop Dee Signature

2103 State St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of Feb, 1941

(SEAL) A. F. VanVoorhis Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/5/41 I. L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-207-010-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

305997
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 144 Eastern Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 144 Eastern Ave.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address 144 Eastern Ave.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** HARRIETTE LOUISE HOLDEN
5. Date of Birth (Month, day, year) 2-7-1900
6. Sex. Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harrold Holden
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ottumwa Iowa (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Clark
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Edyth A Bridges (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Santa Clara } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Harrold Holden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harriette Louise Holden (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pendleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Harrold Holden Name
Morgan Hill, Calif. Box 406 P. O. Address

Subscribed and sworn to before me on this 7th day of January, 1941

(SEAL) Hazel Hall Notary Public, residing at Morgan Hill, Cal.

My Commission Expires May 24, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-211-025-295

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Clearwater
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace May Farries
5. Date of Birth (Month, day, year) Oct. 11, 1900
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Farries
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joe Alice Kincaid
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 25 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

25. Attendant's **OWN signature** Burney deceased M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho }
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Joe Alice Farries, being first duly sworn, say that I am related (Related to (or) acquainted with) Grace May Farries (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Burney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Joe Alice Farries her mark + Name
St. Maries Ida. P. O. Address

Subscribed and sworn to before me on this 30th day of January 1941

(SEAL) Walter Coberg Notary Public, residing at St. Maries, Ida.
U. S. Commr.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued February 4, 1941. E.K.

A815-117.008-469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306007

1. PLACE OF BIRTH
County of Boise
City of Idaho City
No. ..... St.
(If born in hospital or institution give name.)

JAN 2 1 1941

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Orville Elber Hancock

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth Nov. 17, 1940 (Month, Day, Year)

FATHER

9. Full name Elber Wilber HANCOCK

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho City

11. Color or race White 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Montrose, Penn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner of livery stable

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work —, 19....

17. Total time (years) spent in this work five

MOTHER

18. Full maiden name Cora Morrell

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho City

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Idaho City, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work —, 19....

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child)
(a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth — During labor ..... Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) .....
Registrar.

Filed JAN 2 1 1941, 193 Clyde A. Bridger Acting
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alta Curl being first duly sworn says that she is the aunt (Relationship of child)* of Orville Elber Hancock born Nov. 17, 1900 (Date of birth) at Idaho City, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orville Elber Hancock (whose parents are dead) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Newell M. D. was the Midwife medical attendant at the birth of said Orville Elber Hancock and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Alta Curl

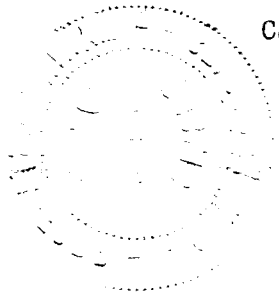
P. O. Address Clarkston Wash

Subscribed and sworn to before me this 13th day of January, 1941

Marian D. Stafford
Notary Public.

Residing at Marsing, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Certified Copy issued Feb. 13, 1941. F.W.

434-204-040-493

United States
Department of Commerce
Bureau of the Census

REC (Be sure the information is as of date of birth of THIS child)

JAN 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke.,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Two yrs.
(f) Mother's mailing address 631 So. Wash. St. Butte, Mont.

3. RESIDENCE of FATHER (city, state) Deceased.

4. FULL NAME OF CHILD Jessie Roseanne McDonald.

5. Date of Birth (Month, day, year) August 4 1900.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter J. McDonald,
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Liverpool, England. (City or town) (State or foreign country)
14. Exact Occupation Policeofficer.
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Milne.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Orton. Scotland. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I ~~attended the~~ gave birth of this child, who was born alive (born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by undersigned (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 27 1941 (Date received) (b) Clyde de Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ OWN signature Jessie F. McDonald (D.O., Midwife, etc.) and address 631 So. Washington St Butte, Montana Date 1/21/41.

State of Montana
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie F. McDonald, being first duly sworn, say that I am related to the mother of (Related to (or) acquainted with) Jessie Roseanne McDonald (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is unknown to me (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jessie F. McDonald Signature
631 So. Washington St. Butte Montana P. O. Address

Subscribed and sworn to before me on this 21 day of January 1941

(SEAL) A. G. Shone Notary Public, residing at Butte, Montana
My Commission Expires Feb. 14, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 6, 1941. E. W.

855-207-044-653

RECEIVED

JAN 28 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306059
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH: (a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county 15 years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Yakima, Wash

3. RESIDENCE of FATHER (city, state): Malton, Wash

4. FULL NAME OF CHILD Jessie Delizah Henley Allison
5. Date of Birth (Month, day, year) May 7-1900.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Matthew Henley
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Osceola (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delizah Maude Wells
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Deerlodge (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 28 1941 (Date received) (b) Clyde A. Bridges, Acting (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Wash
County of Yakima } ss.

I, Delizah Maude Henley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie Delilah Henley Allison (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Green (Name of attendant at birth), who attended said birth thought to be deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Delilah Maude Henley Signature
Yakima, Washington, P.O. Box 1170 P. O. Address

Subscribed and sworn to before me on this 23rd day of January, 1941

(SEAL) Edith Kerns, Notary Public, residing at Yakima

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 5, 1941. E.W.

943-107.040-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306174
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo. yrs.
(f) Mother's mailing address WARDNER Idaho

3. **RESIDENCE OF FATHER** (city, state) deceased.

4. **FULL NAME OF CHILD** Fred Wilbur, Ruch

5. Date of Birth (Month, day, year) May 7, 1900

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Lou Ruch
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Linneus (City or town) Mo. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie Nancy Chitwood
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Macon Cy. (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 7: a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Millie Ruch (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) RECEIVED FEB 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Millie Ruch, being first duly sworn, say that I am ~~the mother~~ related to (Related to (or) acquainted with) Fred Wilbur Ruch (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Machette (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mrs Millie Ruch Name
Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of Feb. 1941.

(SEAL) Mary M. Stout Notary Public, residing at Kellogg, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 12, 1941. E.W.

157-117.006-483

RECE

United States
Department of Commerce
Bureau of the Census

FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306218
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Blackfoot

4. **FULL NAME OF CHILD** Nevillie Angell

5. Date of Birth (Month, day, year) Sep. 17, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Helaman Buys Angell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace LEEDS (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth (Lizzie) Myler
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Juab } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lizzie Angell, being first duly sworn, say that I am ~~Mother~~ related to (Related to (or) acquainted with) of Nevillie Angell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nurse Crofford (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lizzie Angell Signature

Levan, Utah. P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Elma F. Donnelly Notary Public, residing at Nephi Utah

My Commission Expires Mar. 14, 1942

OCT 16 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 17, 1961.

155-224-029-713 REC'D

United States Department of Commerce
Bureau of the Census

FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306220
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Polk Street
(d) Name of Hospital or Maternity Home: Delivered at home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county six years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Polk
(e) How long has **MOTHER** lived in Idaho? six yrs.
(f) Mother's mailing address Moscow Idaho

3. **RESIDENCE of FATHER** (city, state). Moscow Idaho

4. **FULL NAME OF CHILD** Margaret Angene Jenkins

5. Date of Birth (Month, day, year) January 24 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Burtis Levings Jenkins
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Springfield (City or town) Vermont (State or foreign country)
14. Exact Occupation Assistant Cashier
15. Industry or Business First National Bank of Moscow

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Patterson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Zwingle (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 6, 1941 (Date received) (b) Clyde E. Bridgery Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Patterson Jenkins, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Margaret Angene Jenkins (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor W.A.Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Patterson Jenkins Signature

West 417 Kirnan Ave. Spokane Washington P. O. Address

Subscribed and sworn to before me on this 17 day of January, 19 41

(SEAL) Eunice E. Hosea Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 17, 1941. E.M.

331-20-006-5-65

RECEIVED

United States
Department of Commerce
Bureau of the Census

FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: Burgham now
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 373-So-Water Ave
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county — years — month 35 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Burgham now Bonneville
(c) City Idaho Falls
(d) Street Address or ~~R.F.D.~~ No. No number So Water
(e) How long has MOTHER lived in Idaho? 35 days
(f) Mother's mailing address Idaho Falls Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Grace Violet Clark
5. Date of Birth (Month, day, year) May 1 - 1900
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer George Clark
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Davenport (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business General Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rebecca Emery
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Utica (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth R. Clark, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Grace Violet Clark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. W. Pendleton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth R. Clark Signature
112 - 15th St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of Feb, 1941

(SEAL) A. J. Chenoweth Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 17, 1941. E.K.

457-122-032-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1941

State File No. 306250
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Lincoln Co. (b) City Clover Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) ~~City~~ Country near Clover Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Clover Creek P.O.

3. RESIDENCE of FATHER (City, state) Clover Creek

4. FULL NAME OF CHILD Milford Kedrick Dexter

5. Date of Birth (Month, day, year) April 22, 1900

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emery Frank Dexter
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) No. Situate (State or foreign country) Rhode Island
14. Exact Occupation working on cattle ranch
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura May ~~Dexter~~ Taylor
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Red Warrior (State or foreign country) Idaho
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura May Dexter (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ~~Laura May Dexter M.D.~~ Mother (D.O., Midwife, etc.)
and address Laura May Dexter Date 2-5-41

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura May Dexter, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Milford Kedrick Dexter (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Smith (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura May Dexter Signature
840 Belmont Ave. Bellflower, Calif. P.O. Address

Subscribed and sworn to before me on this 5th day of February 1941

(SEAL) Jeff Edmondson Notary Public, residing at Bellflower California

My Commission Expires October 16, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-117001-319 RECEIVED 306317

306317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No. Franklin Bet 6-7th
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years 11 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Pearl
(d) Street Address or R.F.D. No. 5 mi out
(e) How long has **MOTHER** lived in Idaho? 6 y 11 mo yrs.
(f) Mother's mailing address Pearl Idaho

3. **RESIDENCE OF FATHER** (city, state) Pearl, Idaho

4. **FULL NAME OF CHILD** Chester Ray ~~Lingenfelter~~ LINK

5. Date of Birth (Month, day, year) Oct. 17, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Lingenfelter
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Smithville (City or town), Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Caroline Larimore
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Smithville (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger City (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Nevada
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna B. Tonningsen, being first duly sworn, say that I am.....(Related to ~~(or) acquainted with~~) Chester Ray ~~Lingenfelter~~ LINK (Name of person on certificate above) as oldest sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Furchilds (Name of attendant at birth), who attended said birth.....(Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Name changed in Open Court, Bisbee Arizona, July 1936

Anna B. Tonningsen Name
Boulder City, Nevada P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1941

(SEAL) A. J. Nelson Notary Public, residing at Boulder City Nevada

My Commission Expires Jan 17, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in the mail bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/18/41 L. B. 4 copies

Copy

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA,
IN AND FOR THE COUNTY OF COCHISE.

IN THE MATTER OF THE APPLICATION OF CHESTER R. LINGENFELTER FOR CHANGE OF NAME.

J U D G M E N T.

This cause coming on regularly to be heard before the Court this 18 day of July, 1936, on the petition of Chester R. Lingenfelter to change his name from Chester R. Lingenfelter to Chester R. Link; the petitioner appearing in person and by his attorney, Frank E. Thomas:

The Court having read and filed the application of said petitioner herein, and having fully considered the evidence of said petitioner under oath, and it appearing to the Court that there is sufficient reason to grant the application of petitioner, the Court now being fully and sufficiently advised in the premises, and after having fully considered the same:

It is therefore, ORDERED, ADJUDGED and DECREED that the name of said petitioner, CHESTER R. LINGENFELTER be, and the same is, by order of this Court, hereby changed to CHESTER R. LINK and it is further ORDERED, ADJUDGED and DECREED that said petitioner be henceforth known as and called by the name of CHESTER R. LINK for all purposes whatsoever.

Done in Open Court at Bisbee, Arizona, this 18 day of July, 1936.

John Wilson Ross
J U D G E

Subscribed to and sworn to before me in the District of Columbia this 27 day of November, 1940.

Ruth L. Miner
Notary Public DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. Country St. or Location
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306456

FEB 14 1941

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Raymond Barnhart.

3. Sex: Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Nov 2, 1900 (Month, Day, Year)

FATHER

9. Full name Charles Barnhart.
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot- Ida
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Rock Co. Wisconsin.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Nov, 1940
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Martha Christensen
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot- Ida
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Brigham, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work Nov, 1902
26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ordinary

28. Number of children of this mother (At time of this birth and including this child) Thirsh
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Feb. 14, 1941 193 Clyde A. Bridger, Acting, Registrar.

..... Registrar.

Certified copy issued 2-24-1941. dp

219-102-006-389

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Spokane } ss.

Martha Christenson Barnhart being first duly sworn says that

She is the mother of John Elmer Barnhart
(Relationship of child)*
Charles Raymond

born ~~Dec 30~~ Nov 9th 1900 at Blackfoot Bingham Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ~~John Elmer~~ Charles Raymond Barnhart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~Dr John Doe Pogmire~~ Dr John Doe Rogers, M. D., was the Midwife medical attendant at the birth of said Charles Raymond Barnhart and that the said medical attendant is not to be located
(Now deceased (or) cannot be located)

Name of Affiant Martha Edna Lawrence Barnhart

P. O. Address 2175 Division st Spokane Wn

Subscribed and sworn to before me this 21 day of January, 19 41

Thomas Corkery
Notary Public.

Residing at Spokane Wn, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 3 1962

693-113-036-134

RECEIVED

FEB 17 1941

306470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306470
Local Reg. No. 38
Reg. Dist. No. 540

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Francis L. Wilcox
5. Date of Birth (Month, day, year) Sept 13, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bion D. Wilcox
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Monroeton Penn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella F. Alder
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kaysville Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by B. D. Wilcox (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 2/14, 1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Deceased Midwife M.D. (D.O., Midwife, etc.)
and address
Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bion D Wilcox, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Francis L Wilcox as the father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John McQueen (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bion D Wilcox Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of Feb 1941

(SEAL) Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/25/41 rmf

314-104-025-294

RECEIVED
FEB 17 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306480
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City nr. Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 8 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Walter William Lamb

5. Date of Birth (Month, day, year) Nov 4, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Irwin Lamb
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Melvina Kimball
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Polk Co., Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Kimball Lamb, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter William Lamb (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bucey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Kimball Lamb Signature

Issaquah, Wash., Rt. A, c/o Nelson Howell P. O. Address

Subscribed and sworn to before me on this 14th day of February, 1941

(SEAL) Edna F. Cheney Notary Public, residing at Fall City

366480 to 306480 traced wrong obv 6/21/12/ ly

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 110 014-238

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED FEB 18 1941

State File No. 306504
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: Unknown
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home Unknown days.
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. ~~Unknown~~
   (e) How long has **MOTHER** lived in Idaho ~~Unknown~~ yrs.
   (f) Mother's mailing address ~~Deceased 1938~~

3. **RESIDENCE of FATHER** (city, state) ~~Deceased 1930~~

4. **FULL NAME OF CHILD** Gustav(e) Hoffman(n)

5. Date of Birth (Month, day, year) 12/10/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nicholaus Hoffmann
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Unknown (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer & Railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Schaufhausen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Dueseldorf (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 18 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Pennsylvania } ss.
County of Erie }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, (Mrs.) Mary R. (Hoffman) Clemens, being first duly sworn, say that I am related (Related to (or) acquainted with) Gustav Hoffman (Name of person on certificate above) as his sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown (Name of attendant at birth), who attended said birth Unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary R. Clemens Signature

238 West 23rd St., Erie, Pa. P. O. Address

Subscribed and sworn to before me on this 15th day of Feb, 19 41

(SEAL) Elizabeth A. Smith Notary Public, residing at Erie Pa.

NOTARY PUBLIC
My Commission Expires February 21, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi

City of Salmon

No. 281-127030-993 St.

(If born in hospital or institution give name.)

RECEIVED

FEB 18 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

306508

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Marvin Shoup

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes. | 8. Date of birth June 27, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Henry Shoup	18. Full maiden name Jessie Richardson ~~Shoup~~
10. Residence (usual place of abode) (If non-resident, give place and State) Salmon Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Salmon, Ida.
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Salmon Lemhi Co Idaho	22. Birthplace (city or place) (State or Country) Lower Lodge - Mont
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife -
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Nov 1st, 1899	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work Eleven	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William H. Shoup, ~~M. D.~~

or Father, ~~Midwife~~

Address Salmon, Idaho

Give name added from a supplemental report .....

Subscribed and sworn to before me this 15th day of February, 1941.
(Date of) Filed 193

Clyde A Bridger, Registrar. W. W. SIMMONDS, Clerk District Court, Registrar.

By Margaret Shoup Deputy

cc 2/24/41 rmf

699-129.003-699

307710 307710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Willis Wright

5. Date of Birth (Month, day, year) Oct 29-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William B. Wright

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)

14. Exact Occupation Retired Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa E. Wright

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Kerryville Mo.
(City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 27, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William B Wright, being first duly sworn, say that I am Father (Related to (or) acquainted with) Willis Wright (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William B Wright Signature
13 W Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of February, 1941

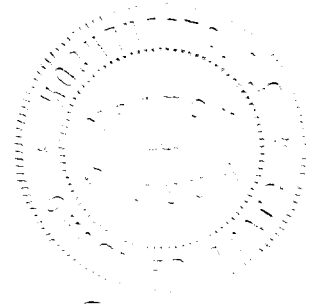
(SEAL) A. A. Stephenson Notary Public, residing at Boise Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



2/27/41 L. B.

A 213-110-001-748

307739 307739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 811 Idenbaugh
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 811 Idenbaugh
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lloyd Alvin Bates

5. Date of Birth (Month, day, year) Dec. 10, 1900

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin Castillion Bates

11. Color or Race W

12. Age at time of THIS birth 42 yrs.

13. Birthplace Kansas City, Mo.
(City or Town) (State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Geyer

17. Color or Race W

18. Age at time of THIS birth 38 yrs.

19. Birthplace Mo.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Sloop (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) Mar. 7, 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Bertha Sloop, M.D. (D.O., Midwife, etc.)

and address 310 Thatcher Date 3-7-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Boise } ss.

Bertha Shoop being first duly sworn says that she is the sister of Lloyd Alvin Bates.
(Relationship of child)*

born Dec. 10, 1900 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lloyd Alvin Bates hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. George Hailey M. D. was the ~~Midwife~~ medical attendant at the birth of said Lloyd Alvin Bates and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Bertha Shoop

P. O. Address 310 Thatcher Street

Subscribed and sworn to before me this 7th day of March, 19 41

S. L. Gill
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

819-127-029-386

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307759
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Viola
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. In **THIS** county 10 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Viola Idaho (then)

3. **RESIDENCE OF FATHER** (city, state) same as abov

4. **FULL NAME OF CHILD** LLoyd Raymond Harrison

5. Date of Birth (Month, day, year) August 27, 1900

6. Sex male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy none

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Scott Harrison
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Ellen Thomas
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Ferdonia (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none know of
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:50 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Ellen Harrison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Nora Chapin M.D. or sister, attdt (D.O., Midwife, etc.)
and address c/o Merrick Auto Camp Medford, Oregon Date Oct. 5, '40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3-1/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

YRS -22-018-769

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 307856
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City R F D
   (c) ~~Street Address or R.F.D. No.~~ Coeur D'Alene Lake
   (d) ~~Name of Hospital or Maternity Home~~: Coeur D'Alene Lake
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. X
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Nebraska (b) County Kootenai
   (c) City Idaho
   (d) Street Address or R.F.D. No. X
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Irene E. Davis

5. Date of Birth (Month, day, year) July 27-1900

6. Sex

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William F. Davis
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Platte Co. Nebraska (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Borman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child X5 (b) Born alive and now living Yes
    (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 27 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** X M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington } ss.
County of Skagit }

I, William F. Davis, being first duly sworn, say that I am Related (Related to (or) acquainted with) Irene E. Davis (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Theo Bishop (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William F. Davis Signature

Anacortes Wash P. O. Address

Subscribed and sworn to before me on this 28th day of July 1941

(SEAL) Earl Mansfield Notary Public, residing at Anacortes Wash

3/4/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 769-115-006-735 PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Farm home

(If born in hospital or institution give name.)

RECEIVED MAR 4 1941

307873

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Irvin Charles Porter

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Mar 15, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name S. J. Porter	18. Full maiden name Elizabeth Glecnar
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Farm
11. Color or race white | 12. Age at last birthday 42 (years)	20. Color or race white | 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Pennsylvania	22. Birthplace (city or place) (State or Country) Pennsylvania
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work died, 1927 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work died, 1900 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9 a. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Louise C Plant, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 193 Elsie A [illegible]

Registrar. Registrar.

JUL 1 1971

396-109-04X-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 4 1941

State File No. 307953
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City near Weiser
(c) Street Address or R.F.D. No. on farm
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 20 years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Weiser
(c) City Washington County
(d) Street Address or R.F.D. No. on farm
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Wilmer Clarence Crowell
5. Date of Birth (Month, day, year) Oct. 9, 1900
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Wilmer Crowell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Green County, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation owner
15. Industry or Business Dairy farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elvira Boomhower
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Black Hawk Co., Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Elvira Crowell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilmer Clarence Crowell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gibbs & Dr. Shirley (Name of attendant at birth), who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Elvira Crowell Signature
6414 N.E. 34th Ave. Portland, Oregon P.O. Address

Subscribed and sworn to before me on this first day of March, 1941.

(SEAL) Gunther F. Krause Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES AUG. 8, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-22-014-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Daisy McCamman		2. Date Of Birth (month) June (day) 23 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Charles Levi McCamman		7. State or Country of Father's Birth: Cranesville, Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Phebe Iva Richmond		9. State or Country of Mother's Birth: Shelby, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June Daisy Allen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on May 6 1958	12. Signature of Notary: E. L. Coleman	13. Notary Commission expires July 24 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 4-19-58	Date Orig. Entry: Apr. 15, 1910
	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Iva McCamman	Name of Father: Charles L. McCamman	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 19, 1945
	Date of Birth: June 23, 1900 / Birth Place: Payette, Idaho	Full Name of Mother: Iva Phebe Richmond	Name of Father: Charles Leevi McCamman	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #103456	Date Issued:	Date Orig. Entry: child born Aug. 20, 1922
	Date of Birth: age 22 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Insurance Policy, Metropolitan Life Ins. Co., issued Feb. 28, 1944: age next birthday at issue--44 years.

Affidavit by aunt, age 78, June Richmond Meyers; 3-27-58: born June 23, 1900 at Payette, Idaho; parents Charlie L. McCamman and Phebe Iva McCamman.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	May 23, 1958

FORM BH 56067 2 copies ltr

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308006
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Daisy June McCamman

5. Date of Birth (Month, day, year) June 23- 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Levi McCamman
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Centerville (City or town) Penn (State or foreign country)
14. Exact Occupation Teacher School
15. Industry or Business Teacher school

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pleb Iva Peckman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Clarks (City or town) Neb. (State or foreign country)
20. Exact Occupation Home mgr.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR (Date received) (b) Clyde A Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Dr J R Woodward M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Levi McCamman, being first duly sworn, say that I am R Father (Related to (or) acquainted with) of Daisy Levi McCamman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. R. Woodward (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Levi McCamman Signature
Fallbrook, Calif. P. O. Address

Notary Public in and for the County of San Diego, State of California

Subscribed and sworn to before me on this 27 day of Feb., 1941

(SEAL) Notary Public, residing at FALLBROOK, CALIF.

My Commission Expires May 29, 1942.

MAY 23 1958
APR 4 1958

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-203-003-95-2

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308116
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years 11 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Soda Springs, Ida

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Ethel Rosina Hopkins

5. Date of Birth (Month, day, year) Oct 3, 1900

6. Sex. Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Hopkins

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Ebbywale (City or town) Lowden (State or foreign country) England

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Louisa Reben

17. Color or Race white

18. Age at time of THIS birth 23 years

19. Birthplace Lorraine, Bern Co (City or town) (State or foreign country) Switzerland

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Caribou } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosina Hopkins, being first duly sworn, say that I am mother (Related to (or) acquainted with) Ethel Rosina Hopkins (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm H Anderson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosina L. Hopkins ..... Name
Soda Springs, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 5 day of March 1941

(SEAL) Colin Chester Clerk of District Court Notary Public, residing at Soda Springs, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

159-122-029-962

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308162

State File No.
Local Reg. No. 1362
Reg. Dist. No. 201

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Freese
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years 5 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Freese
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~10~~ 6 yrs.
(f) Mother's mailing address Freese Idaho

3. **RESIDENCE OF FATHER** (city, state) Freese, Idaho

4. **FULL NAME OF CHILD** Roy Lee Jeremiah

5. Date of Birth (Month, day, year) April 22-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Jeremiah
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Henry Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly May Ross
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Coyville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Lilly (First name) Jeremiah (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-6-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lilly May ~~Ros~~ Jeremiah being first duly sworn, say that I am Related (Related to (or) acquainted with) Roy Lee Jeremiah (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Norton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lilly May Jeremiah Name
1036 E 90th Seattle Wash P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1941

(SEAL) Myron L. Sinrow Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of DE LAMAR
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
MAR 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 308182

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MORTON GOMBRIG ISAY

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
MALE	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	YES	JUNE 28, ~~1908~~ 1900

FATHER	MOTHER
9. Full name: JULIUS ISAY	18. Full maiden name: SOPHIE GOMBRIG
10. Residence (usual place of abode) (If non-resident, give place and State): DE LAMAR	19. Residence (usual place of abode) (If non-resident, give place and State): DE LAMAR
11. Color or race: WHITE | 12. Age at last birthday: 39 (years)	20. Color or race: WHITE | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): SCHWEICH, GERMANY	22. Birthplace (city or place) (State or Country): SCHWEICH, GERMANY
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: MERCHANT 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: RETAIL STORE 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work: 20	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEKEEPER 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: OWN HOME 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work: 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ~~TWO~~ (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Mar, 1941 Clyde A Bridger
Acting Registrar.

..... Registrar.

421 - 128 - 037 - 764

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ILLINOIS }
County of COOK } ss.

JENNIE ERMAN being first duly sworn says that

SHE is the AUNT (Parents dead) of MORTON G. ISAY
(Relationship of child)*

born JUNE 28, 1900 at DELAMAR, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under ~~Chapter 139—1937 Session Laws of Idaho;~~ and affiant further states that the facts contained in the certificate of birth of the said MORTON G. ISAY, 5496 HYDE PARK BLVD, CHICAGO ILLINOIS hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that UNKNOWN, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Jennie Erman

P. O. Address 5555 EVERETT AVE., CHICAGO, ILLINOIS

Subscribed and sworn to before me this 4th day of March, 19 41

John A Kutschke
Notary Public.

Residing at 1238 W. 31st Pl Chicago ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

349-124-019-63

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308260
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: He was born at our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days
In THIS county about one year years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.
(f) Mother's mailing address deceased
3. RESIDENCE of FATHER (city, state): deceased

4. FULL NAME OF CHILD Alfred John Turnbull
5. Date of Birth (Month, day, year) May 24, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jas William Turnbull
11. Color or Race White
12. Age at time of THIS birth can't remember yrs.
13. Birthplace Quebec Canada (City or town) (State or foreign country)
14. Exact Occupation Butcher + Grocer
15. Industry or Business at this time & other + Geo. Mc Gowan had a meat shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Watson
17. Color or Race White
18. Age at time of THIS birth can't remember yrs.
19. Birthplace Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/18/41 (Date received) (b) Clyde A. Bridger Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Turnbull Grimes being first duly sworn, say that I am related to (Related to (or) acquainted with) Alfred John Turnbull (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a man Dr whose name I can't remember (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Turnbull Grimes Signature
5047-12th Ave N.E. Seattle, Wash. P.O. Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) Vera Wilson Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-028-029-368

RECEIVED MAR 14 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Latah (c) City Moscow (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 6 yrs. (f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Moscow 1900

4. FULL NAME OF CHILD Laura Jean Allen

5. Date of Birth (Month, day, year) July 28

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Andrew G. Allen
11. Color or Race
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hazel Green (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Rail Road Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Texas Loyd
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hot Springs (City or town) Bath Co (State or foreign country) Virginia
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 2.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs A L Boone (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Mar. 14, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature Jno G. L. Boone M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. A. L. Boone, being first duly sworn, say that I am related (Related to (or) acquainted with) to Laura Jean Allen (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that myself (Name of attendant at birth), who attended said birth is now living (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs A L Boone Signature
Jacksonville Oregon P.O. Address

Subscribed and sworn to before me on this 8th day of March, 1944

(SEAL) Kenneth Simmons Notary Public, residing at Medford, Or

for Or. My Commission Expires 4-17-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 308286

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	July 28, 1900	July 28, 1898
maiden name of mother	Virginia Texas Loyd	Virginia Texas Fischer

Subscribed and sworn to before me this 12 th day of March, 1942

Notary Public, residing at Medford Oregon
My commission expires April 17, 1943.
(Seal)

Signed Mrs C L Boone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oreg
County of Jackson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 th day of March, 1942

H. C. Mechum

Notary Public, residing at Jacksonville
My Commission Expires February 10, 1944
My commission expires .....
(Seal)

Signed Mrs C L Boone
(Signature of Any Credible Person Other Than Previous Year)

Mrs E M Godley
(Street Address, City, State)

513-104-044632

RECEIVED

MAR 15 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308307
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County WASHINGTON (b) City Indian Valley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** ARTHUR MONROE HALVERSON

5. Date of Birth (Month, day, year) Feb. 4th. 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN W. HALVERSON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace JACKSON (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELEN OLSON
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Jackson County (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3 A M. on the date and at the place stated above and that personal particulars were furnished by Helen Halverson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Clyde A. Bidger (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Minnesota
County of Itasca } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Helen Halverson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Arthur Monroe Halverson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The R.H. Halverson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs. John W. Halverson Name
Nashwauk, Minnesota P. O. Address

Subscribed and sworn to before me on this 21 day of Feb. 1941

(SEAL)
CLERK NASHWAUK TOWN
ITASCA COUNTY, MINN.

Notary Public, residing at Nashwauk, Minnesota

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1961

JAN 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-125-035-699

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308316

Local Reg. No.

Reg. Dist. No.

MAR 14 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Nez Perce
   (c) Street Address or R.F.D. No. R.F.D. #2
   (d) Name of Hospital or Maternity Home: In private home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 60 days.
   In **THIS** county 5 years -- month -- days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City R.F.D. #2, Nez Perce
   (d) ~~Street Address~~ R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address Nez Perce, Idaho
3. **RESIDENCE of FATHER** (city, state): Nez Perce.

4. **FULL NAME OF CHILD** Orval Roscoe Anderson
5. Date of Birth (Month, day, year) Mar. 25, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ollie Anderson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Lusetta Wright
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Hillsboro, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Anderson (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ____ by Acting (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Chelan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Hubbel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orval Roscoe Anderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (name unknown) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Cora Hubbel Signature

P. O. Address

Subscribed and sworn to before me on this 12th day of March, 19 41.

(SEAL) Herman Love Notary Public, residing at Leavenworth, Wash.

3/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-225-025-315

309273

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. 304 S. Hall St
(d) Name of Hospital or Maternity Home: Our own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Grangeville Ida.

3. **RESIDENCE OF FATHER** (city, state)..... " "

4. **FULL NAME OF CHILD** Willa May Bonebrake

5. Date of Birth (Month, day, year) May-25-1900

6. Sex. Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Alva Bonebrake
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business The Right Drug Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Adell Tanner
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Nebraska Greely Co. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Coos. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Geo. A. Bonebrake being first duly sworn, say that I am Related to Willa May Bonebrake (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Geo. A. Bonebrake Name

Marshfield, Oregon P. O. Address

Subscribed and sworn to before me on this 15th day of March 1941

(SEAL)

E. Kaufman Notary Public, residing at Marshfield Ore

MY COMMISSION EXPIRES MAY 7, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/27/41 L B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-113-111-162

309343

309343

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 20 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address Emmett, Ida

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** William Russell

5. Date of Birth (Month, day, year) June 13 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thos. Russell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation PLUMBER - Jim Smith
15. Industry or Business Hotel - Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane
17. Color or Race White
18. Age at time of THIS birth ... yrs.
19. Birthplace Ceder - Utah. (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
    (c) Born alive and now dead 2 (d) Stillborn Born alive.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ... A.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Bradford (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) Mar. 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Bradford, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Russell (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. White (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella Bradford. Signature

P. O. Address

Subscribed and sworn to before me on this 31st day of March 19 41

(SEAL) Ross A. Haworth Notary Public, residing at Boise Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 19

3/31/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

946 (36) 020-249 (FORM)

United States Department of Commerce
Bureau of Census

APR (Be sure the information is as of date of birth of THIS child) 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Smith Prairie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Smith Prairie
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Smith Prairie Idaho

4. FULL NAME OF CHILD Milton Fern Brown

5. Date of Birth (Month, day, year) May 26, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred E. Brown
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Smith
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie S. Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 1, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature and address Alfred E. Brown Attendant (D.O., Midwife, etc.) Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie C. Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Milton Fern Brown (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E. Hays, Grandmother (Name of attendant at birth) attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) Notary Public, residing at .....

NOV 30 1942

JUL 30 1964

4/2/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-104-014-419 309351

309351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (now Gem) (b) City Emmett
(c) Street Address or R.F.D. No. Gen'l Del.
(d) Name of Hospital or Maternity Home: At ranch home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Gen'l Delivery
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address above

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Collis Paul Carter
5. Date of Birth (Month, day, year) August 4, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Carter
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace ..... (City or town) ..... (State or foreign country)
14. Exact Occupation Operating farm
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Daily
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace ..... (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of New York
County of New York } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John O. Carter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Collis Paul Carter (Name of person on certificate above) as his brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John O. Carter Signature
370 Lexington Ave. P.O. Address
New York City, N.Y.

Subscribed and sworn to before me on this 15th day of March, 1941

(SEAL) Gertrude Burger Notary Public, residing at

GERTRUDE BURGER
NOTARY PUBLIC NEW YORK COUNTY
2B 14
REG. No. 198.42
CLK'S No. 189, REG. No. 2079
TERM EXPIRES MARCH 30, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/3/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-106-00-3469

309252

309352

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 120 W. Fremont
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 9 month 5 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 120 W. Fremont
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) Poca. Idaho

4. **FULL NAME OF CHILD** Clarence William Turner

5. Date of Birth (Month, day, year) May 6, 1900

6. Sex Mle

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Foster Turner
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Champaign, (City or town) Illinois (State or foreign country)
14. Exact Occupation R. R. Machinist
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Louise Moran
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Omaha, (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Louise Turner (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. K. L. Turner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence William Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. K. L. Turner Signature

516 Washington, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 19 41

(SEAL) Ross A Haworth Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-125-225-133

309402

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
(f) Mother's mailing address Bellevue, Idaho.

3. **RESIDENCE of FATHER** (city, state): Dead.

4. **FULL NAME OF CHILD** Harry Joshua Cowan

5. Date of Birth (Month, day, year) June 25, 1900.

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Cowan
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace in the State of Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Mechanic,
15. Industry or Business Mechanis, Carpenter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Allred,
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ft. Gunnison, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Keeping the home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/24/41 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May Price, being first duly sworn, say that I am a sister (Related to (or) acquainted with) Harry Johua Cowan (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida May Price Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of March, 1941

(SEAL) Hampton Taylor Notary Public, residing at Grangeville, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

134-203-007-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309431
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Clyde.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Rosie May Aldous.

5. Date of Birth (Month, day, year) Nov 3 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Aldous.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Viola Quigley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oxford (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mch 24-1941 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leslie A. Aldous, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rosie May Aldous (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Basinger, (Name of attendant at birth), who attended said birth now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Leslie A Aldous. Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of March, 1941

(SEAL) Preston Thatcher Notary Public, residing at Salmon, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-123-029-318

United States
Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City P.O. Avon Idaho.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
In THIS county / years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Iadho (b) County Latah
(c) ~~City~~ Avon P.O.
(d) Street Address or R.F.D. No. -- (4 year)
(e) How long has MOTHER lived in Idaho? unknown yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Joe Taylor Cantrell

5. Date of Birth (Month, day, year) 1900 October 23-

6. Sex Male

7. ~~Twin or Triplet~~ If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Cantrell
11. Color or Race white
12. Age at time of THIS birth - 37 yrs.
13. Birthplace Gainsville (City or town) Georgia (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business (Father deceased)

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amanda Taylor [redacted]
17. Color or Race White
18. Age at time of THIS birth 27- yrs.
19. Birthplace Gainsville (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business (deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth and including~~ this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 2, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by Mabel F. Elder (Registrar's signature)

Notary Public for the State of Montana residing at Anaconda Montana 1944 My commission expires Feb 26

State of Montana
County of Deer Lodge } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gus K. Cantrell, being first duly sworn, say that I am the brother (Related to (or) acquainted with) of Joe Taylor Cantrell, above named, (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John Greenwood (Name of attendant at birth), who attended said birth Where about unknown now (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. That I was born in 1889, and am twelve years older than my brother Joe Taylor Cantrell.

Jan. 21st 1889

Signature X Gus K Cantrell 711 Socust St P.O. Address Anaconda Mont.

Subscribed and sworn to before me on this 22 day of Mch, 1941

(SEAL) Phil Daniel Notary Public, residing at Anaconda Mont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-104 041-258

United States
Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at private home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~28~~ yrs.
(f) Mother's mailing address Driggs, Idaho

3. RESIDENCE of FATHER (city, state): Driggs, Ida.

4. FULL NAME OF CHILD Judd S. Kimball

5. Date of Birth (Month, day, year) 3-4-1900

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Ray C. Kimball
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Seymour
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dundee Illinois (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ~~4~~
(c) Born alive and now dead ~~1~~ (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of TETON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ray C. Kimball, being first duly sworn, say that I am related (Related to (or) acquainted with) to Judd S. Kimball (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth D. Seymour (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ray C. Kimball Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of March, 1941

(SEAL) [signature] Notary Public, residing at Driggs, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

INDEXED ✓/
RECORDED ✓
PROOF ✓

35653

STATE of IDAHO }
COUNTY of TETON } ss

Filed for Record at the Request of

Beau Kimball

at 15 Minutes past 11

O'clock A. M. this 24th

day of March, 1941,

and Recorded in Book 64

of Miscellaneous page 210

Records of Teton, County,

State of Idaho.

L. W. Hastings

Recorder.

By Afton E. Revel

Deputy.

.80

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-127-036-713

RECEIVED

MAR 27 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (Cross Franklin)
(a) County Oneida (b) City Riverdale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Riverdale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Unused

3. RESIDENCE of FATHER (city, state) Unused

4. FULL NAME OF CHILD Gamaliel Lester Nelson

5. Date of Birth (Month, day, year) Jan 27 1900

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gamaliel Vail Nelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Elvira Packer
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Taylor Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gamaliel Lester Nelson as Uncle (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth), who attended said birth is unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Taylor Nelson Signature

..... P. O. Address

Subscribed and sworn to before me on this 25 day of March 1941

(SEAL) P. M. Candie Notary Public, residing at Preston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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096-115-042-049

United States Department of Commerce Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309534

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Annis
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
In **THIS** county ~~9~~ years 1 month 20 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Annis
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ~~24~~ yrs.
(f) Mother's mailing address Island Park Idaho

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Delbert S Brown

5. Date of Birth (Month, day, year) Jan 15 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Timothy B Brown

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Centerville Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Smith

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Centerville Utah (City or town) (State or foreign country)

20. Exact Occupation Farm wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Annis M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Mch 25 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Same M.D. (D.O., Midwife, etc.)
and address Date

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I MARGARET SMITH BROWN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) DELBERT S. BROWN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that JEANNETTE POOLE (Name of attendant at birth), who attended said birth IS DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Smith Brown Signature

LORENZO, IDAHO P. O. Address

Subscribed and sworn to before me on this 24 day of March, 1941

(SEAL)

Notary Public, residing at PASADENA, CALIF.

My Commission Expires May 18, 1942 NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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814-217-018-769 RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309554
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 11 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. R F D
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Athol, Idaho

3. RESIDENCE of FATHER (city, state): Athol, Ida

4. FULL NAME OF CHILD GRACE WEBSTER HADDON

5. Date of Birth (Month, day, year) Nov. 17, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	ELMER ELSWORTH HADDON	16. FULL MAIDEN NAME	OZELIA G. PORTER
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	36 yrs.	18. Age at time of THIS birth	35 yrs.
13. Birthplace (City or town)	Carlysle	19. Birthplace (City or town)	Sac City
(State or foreign country)	Indiana	(State or foreign country)	Iowa
14. Exact Occupation	Farmer	20. Exact Occupation	Housewife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 25 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature No attendant M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of SKAGIT } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMER E. HADDON, being first duly sworn, say that I am related to (Related to (or) acquainted with) GRACE WEBSTER HADDON (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer E Haddon Signature
Anacortes, Wash., Rt. #1 P.O. Address

Subscribed and sworn to before me on this 24th day of March, 1941

(SEAL) [signature] Notary Public, residing at Anacortes.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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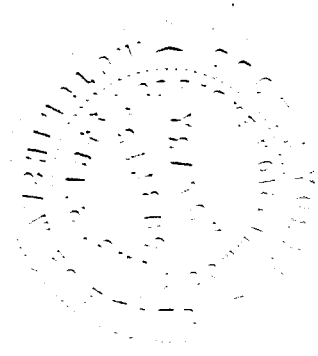

cc 4/3/41 RMF

309605

253-117028-4 (Be sure the information is as of date of birth of THIS child)

~~United~~ States
Department of Commerce APR 16 1941
Bureau of Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State ~~File~~ No. 309605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Near Granite
(c) Street Address or R.F.D. No. Idaho, U.S.A.
(d) Name of Hospital or Maternity Home: Home of J.S. Kelso, Ranch
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Near Granite
(d) Street Address or R.F.D. No. J.S.Kelso, Ranch.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Granite, Idaho.

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD William Acle Kellogg
5. Date of Birth (Month, day, year) Oct.17, 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Higgin Babbet Kellogg	16. FULL MAIDEN NAME Mary Christina Margaret O'Donnell
11. Color or Race White 12. Age at time of THIS birth 26 yrs.	17. Color or Race White 18. Age at time of THIS birth 16 yrs.
13. Birthplace Battle Creek, Michigan. (City or town) (State or foreign country)	19. Birthplace Walla-Walla, Washington, (City or town) (State or foreign country)
14. Exact Occupation Logger	20. Exact Occupation Housewife
15. Industry or Business Logging	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY, That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4/16/41 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

~~State~~ Province of British Columbia
County of Victoria } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Christina Margaret Kellogg, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Acle Kellogg (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. Wenz, Rathdrum, Idaho. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary C. M. Kellogg Signature
2620 Government St., Victoria, B.C. P. O. Address

Subscribed and sworn to before me on this 12th day of April, 1941

(SEAL) Karen Martin Notary Public, residing at Victoria, B.C.

A Notary Public in and for the Province of British Columbia

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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4/16/41 L. B.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED

United States Department of Commerce
Bureau of the Census MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenay (b) City near Granite Idaho, U.S.A.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of J. S. Kelso, Rancher
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years months and 2 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenay
(c) City near Granite
(d) Street Address or R.F.D. No. J S Kelso Ranch
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Granite Idaho
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD William Kate Kellogg
5. Date of Birth (Month, day, year) Oct 17 - 1900
6. Sex male
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd 2
8. No. months of Pregnancy 7
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Higgin Babbit Kellogg
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Battle Creek Michigan (City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Christina Margaret O'Donnell
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Walla Walla Washington (City or town) Grand Forks (State or foreign country)
20. Exact Occupation At home Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. [illegible]en name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

Province of British Columbia
State of
County of Victoria } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Christina Margaret Kellogg, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Rees Kellogg (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J Weny, Kathdrum Idaho (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary C. M. Kellogg Signature
2620 Government St. Victoria BC P. O. Address

Subscribed and sworn to before me on this 31st day of March, 1941

(SEAL) John [illegible] Notary Public in and for the Province of British Columbia, residing at Victoria BC.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-131-2355 [illegible] 231

309606

United States Department of Commerce
Bureau of the Census MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Myrtle Ida

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Herschel Edward Morris

5. Date of Birth (Month, day, year) July 31 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Morris
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dayton (City or town) Wash (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Elizabeth Flash
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Haddam (City or town) Kans (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Mabel Feeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, May E. Morris, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Herschel Edward Morris (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Herrington (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

May E. Morris Signature

Post Falls P. O. Address

Subscribed and sworn to before me on this 29 day of March 1941

(SEAL) W. E. Chapin Notary Public, residing at Post Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

C. C. 4/8/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-101-030-439 RECEIVED

309611

United States
Department of Commerce
Bureau of the Census

MAR 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Junction Hotel
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 18 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Dillon Mont.

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Bernard James Waugh

5. Date of Birth (Month, day, year) Oct 1, 1900

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Church Waugh
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Peoris Illinois (City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business Also Hotel business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth McRea
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Austin Nevada (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Hotel Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 29 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ~~Deceased Midwife~~ M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Elizabeth McRea Waugh being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bernard James Waugh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Jane Stephenson (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Mary Jane Rea Waugh Signature
Dillon Montana P.O. Address

Subscribed and sworn to before me on this 27th day of March, 1941

(SEAL) [signature] Notary Public, residing at Dillon, Montana
My Commission Expires 12/13/41

NOTARY PUBLIC for the State of Montana
Residing at Dillon, Montana

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

334-120-020 RECEIVED 414

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309642

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Elmore (b) City Rocky Bar
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home ..... days. Rocky Bar
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Rocky Bar Idaho

3. RESIDENCE OF FATHER (city, state) Rocky Bar Idaho

4. FULL NAME OF CHILD Walter Raymond Cluer

5. Date of Birth (Month, day, year) June 20-1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate Yes.

FATHER OF CHILD

10. FULL NAME Samuel Albert Cluer

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace London (City or town) England (State or foreign country)

14. Exact Occupation Miner Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Mackley Daugherty

17. Color or Race White

18. Age at time of THIS birth 25 years

19. Birthplace Keokuk (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clallam } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Albert Cluer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Raymond Cluer (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Samuel Albert Cluer Name
1618 W. 6th - Port Angeles, Washington P. O. Address

Subscribed and sworn to before me on this 1st day of April, 1941

(SEAL) Helen Puhl formerly Helen McTarnahan Notary Public, residing at Port Angeles

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-106-028-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309668
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City
(c) ~~Street Address or R.F.D. No.~~ Marine Route
(d) ~~Name of Hospital or Maternity Home:~~ at Coeur d'Alene Lake, Idaho
(e) Mother's stay BEFORE delivery: at home ~~In Hosp. or Mat. Home~~ ~~days~~ on farm
In THIS county 6 years 1 month ~~19~~ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) ~~City~~
(d) ~~Street Address~~ or R.F.D. ~~No.~~ Marine Route
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Adolph Sandaker

5. Date of Birth (Month, day, year) May 6, 1900

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Andreas Sandager K

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Sandager, Modum, Norway
farm ~~(City or town)~~ ~~(State~~ or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Knudsen

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Dokka, Krödshered, Norway
farm ~~(City or town)~~ ~~(State~~ or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum (Not known to me) Do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, (Mrs) Betsy Marie Perrenoud, being first duly sworn, say that I am Related to (Related to ~~(or) acquainted with~~) Adolph Sandaker (Name of person on certificate above) as Sister (State relationship ~~or acquaintance~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anne Marie Peterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

(Mrs) Betsy Marie Perrenoud Signature
5310 N. Williams Ave, Portland Oregon P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1941

(SEAL) M. J. Jones Notary Public, residing at Portland, Oregon

MY COMMISSION EXPIRES FEBRUARY 26, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-105-122-331 309796

309796

United States Department of Commerce Bureau of Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rudy
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rudy
(d) Street Address or R.F.D. No. 16
(e) How long has MOTHER lived in Idaho? ~~57~~ yrs.
(f) Mother's mailing address Rudy Idaho

3. RESIDENCE of FATHER (city, state) Rudy Idaho

4. FULL NAME OF CHILD Jesse Owen Weaver

5. Date of Birth (Month, day, year) April 5 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Alpheus Weaver	16. FULL MAIDEN NAME Olive Dianah Clark
11. Color or Race White 12. Age at time of THIS birth 25 yrs.	17 Color or Race White 18. Age at time of THIS birth 21 yrs.
13. Birthplace Melville (City or town) Utah (State or foreign country)	19. Birthplace Benson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farmer	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living Yes (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at birth M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 10-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased. M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Dianah Weaver, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Jesse Owen Weaver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret E Clark (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive Dianah Weaver Signature

Menan, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of April, 1941

(SEAL) George M Larsen Notary Public, residing at Menan Idaho

My Commission expires Dec 12 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/22/41. wh

In Item No. 2, (e) the mother is stated as living in Idaho 57 years, and yet she was only 21 when this child was born. Her address and the father's address are given as Menan, Idaho. Were you living in Menan when this child was born. All information must be given as at time of birth. We are returning your fifty cents. If you will send it back with the corrected certificate we will issue a certified copy.

Bureau of Vital Statistics

I was five years old when I came to Idaho with my parents. so I had lived in Rudy Idaho 16 years. time of this birth. I was living in Rudy Fremont Co. Idaho

Mrs. Ohie D. Weaver

RECEIVED

APR 17 1941

Menan. Idaho. Mar. 25 - 41 -

Bureau of Statistics

Boise Idaho

Dear sir. I would like to find the Brith Certificate of Jesse Owen Weaver Born April 5 - 1900. at Rudy Idaho Fremont Co. at that time. It is now, Jefferson Co. also Clark ward now

Res. his mother

Olvie L. Weaver

Menan, Idaho

Box 27

RECEIVED

MAR 29 1941

No money enclosed

314-131-040-418

309830

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. ----------
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -0- days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. ----------
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Mullan, Idaho

3. RESIDENCE of FATHER (city, state). Mullan, Ida.

4. FULL NAME OF CHILD John Louis Campbell

5. Date of Birth (Month, day, year) May 31, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Louis Campbell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Washington (City or town) Indiana (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Louise Mayn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Diamond City, Montana. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead -0- (d) Stillborn -0-

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas. H. Mayn, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Louis Campbell (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chas. H. Mayn Signature
2141 - 4th Ave West, Seattle, Wash. P.O. Address

Subscribed and sworn to before me on this 2 day of April, 1941

(SEAL) George A. Austin Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145 - 1071025457

309833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.
(f) Mother's mailing address Ferdinand, Idaho

3. **RESIDENCE of FATHER** (city, state) Ferdinand, Ida

4. **FULL NAME OF CHILD** COY ORAL DUNN

5. Date of Birth (Month, day, year) Sept., 7, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HENRY CLAY DUNN
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA MAY DEXTER
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tama City, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, FLORA M. ANDRUS, being first duly sworn, say that I am related to (Related to (or) acquainted with) Coy Oral Dunn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Reis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Flora M. Andrus Signature
743½ S. Ford Blvd. Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me on this 18th day of February 1941

(SEAL) Harriett E. Rowan Notary Public, residing at Los Angeles, Calif.

My Commission expires Apr. 11, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-830-003-494

United States
Department of Commerce
Bureau of Census

APR 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Helen Potter Irvine
5. Date of Birth (Month, day, year) July 30, 1900
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Ernest Irvine	16. FULL MAIDEN NAME Melva Jeanette Drummond
11. Color or Race white 12. Age at time of THIS birth 23 yrs.	17 Color or Race white 18. Age at time of THIS birth 19 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)	19. Birthplace Denver, Colorado (City or town) (State or foreign country)
14. Exact Occupation Round House Foreman	20. Exact Occupation housewife
15. Industry or Business Union Pacific	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 9 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Missouri
City of St Louis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John R. Vaughan, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Helen Potter Irvine (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John R. Vaughan Signature
634 No Grand Bl P. O. Address

Subscribed and sworn to before me on this 7th day of April 1941

(SEAL) Anna H. Geyer Notary Public, residing at St Louis Mo

My Term expires 11-27-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-217.028-691

309922

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 mos yrs.
(f) Mother's mailing address Bonners Ferry

3. RESIDENCE of FATHER (city, state) Bonners Ferry Ida.

4. FULL NAME OF CHILD Beulah Mae Burket

5. Date of Birth (Month, day, year) April 17-1900

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Lonzo Burket
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Burketsville Ohio (City or town) (State or foreign country)
14. Exact Occupation clerk in general store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Mariah Wray
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pt Burnsides Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 11 1941 (Date received) (b) Mabel F Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie M. Burket, being first duly sworn, say that I am related to (Related to (or) acquainted with) Beulah Mae Burket (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Barker (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Addie M. Burket Signature
Route 1 Box 417 P. O. Address

Subscribed and sworn to before me on this 9 day of April, 1941

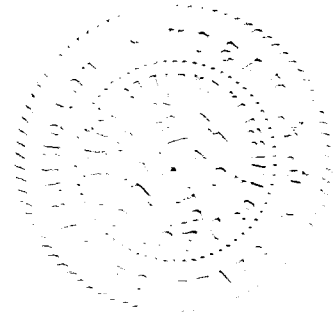
(SEAL) A. F. Mason Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-206-029-799

309980

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 1399
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Moscow Ihn now dead

3. **RESIDENCE OF FATHER** (city, state) Moscow, now Ahsahka

4. **FULL NAME OF CHILD** Sylvia Azette Burch

5. Date of Birth (Month, day, year) April 6, 1900

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** David V Burch
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Edwin (City or town) Iowa (State or foreign country)
14. Exact Occupation labour
15. Industry or Business woods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellie May Griffith
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business her

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 4/10/41 (Date received) (b) Harry Einhouse (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David V. Burch, being first duly sworn, say that I am related (Related to (or) acquainted with) Sylvia Azette Burch (now Marlette) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rogers (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David V. Burch Name
Ahsahka Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of Nov, 1940

(SEAL) Frank [illegible] Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-128-014-000

309983

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. at home
   In **THIS** county 3 years 9 month 9 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Caldwell

3. **RESIDENCE of FATHER** (city, state): Caldwell Ida

4. **FULL NAME OF CHILD** Ernest Eugene Compton

5. Date of Birth (Month, day, year) May 28 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Compton
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy P
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA
County of SANTA CRUZ. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, BYRON FROST, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) ERNEST EUGENE COMPTON (Name of person on certificate above) as foster-parent (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Compton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Byron Frost Signature

R. F. D., Willows, California P. O. Address

Subscribed and sworn to before me on this 8th day of April, 19 41

(SEAL) Emmet C. Rittenhouse Notary Public, residing at Santa Cruz, Calif.

c.c. 4/21/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101-007-213

309988 309988

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   IN **THIS** county — years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Hailey, Ida.

4. **FULL NAME OF CHILD** Oscar Gail Davis

5. Date of Birth (Month, day, year) June 1, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Davis
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Cattle Man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allie Bemmet Ball
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 19, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myron M. Jacobs, being first duly sworn, say that I am Acquaintance (Related to (or) acquainted with) Oscar Gail Davis (Name of person on certificate above) as Old Friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Myron M. Jacobs Signature

Boise, Idaho 912 McKinley P. O. Address

Subscribed and sworn to before me on this 19th day of April 1941, 19

(SEAL) Notary Public, residing at Boise, Idaho

4/19/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-10-028-157

310080

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 112
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) ~~City~~ Rimrock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rimrock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Hayden Lake

3. **RESIDENCE of FATHER** (city, state): Rimrock, Ida.

4. **FULL NAME OF CHILD** John Victor Nelson

5. Date of Birth (Month, day, year) April 1, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Nelson
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Andersonn
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4.2.41. (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Nelson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Victor Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wertz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Nelson Signature

P. O. Address

Subscribed and sworn to before me on this 2 day of April, 1941

(SEAL) [signature] Clerk of the District Court ~~Notary Public, residing at~~ Ex-Officio Auditor and Recorder

By Jos. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1965

NOV 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

143-22-011-612

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 310090
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Boundary (b) City Copeland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Copeland
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? — yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Eliza Jane Guthrie
5. Date of Birth (Month, day, year) July 21 - 1900
6. Sex Female
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Guthrie
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Adele Washburn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 11 - 1941 (Date received) (b) Mabel Wheeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha Guthrie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eliza Jane Guthrie (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Adele Guthrie Signature
Copeland Idaho P.O. Address

Subscribed and sworn to before me on this 22 day of March 19 41

(SEAL) W. W. Burns Notary Public, residing at Residing at Bonners Ferry.

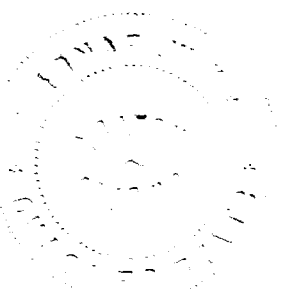
Notary Public for the State of Idaho
Commission Expires March 9, 1945.

APR 30 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



125 1/2 001 846

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

APR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 327 - 9th St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. In THIS county One years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 327 - 9th St.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address 327 9th St Boise Ida
3. RESIDENCE of FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD Elton.Raymond.Abernathy
5. Date of Birth (Month, day, year) Dec. 12, 1900
6. Sex Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 1st.
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George.W.Abernathy
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Savanah (City or town) Iowa (State or foreign country)
14. Exact Occupation Selling and Repairing -
15. Industry or Business Sewing Machines

MOTHER OF CHILD

16. FULL MAIDEN NAME Almira.Margaret.Huff
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Warrensburg (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife, and Bookeeper
21. Industry or Business Sewing Machine

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 17, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George. W.Abernathy, being first duly sworn, say that I am Related (Related to (or) acquainted with) Elton.Raymond.Abernathy (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. DuBois (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George W Abernathy Signature
246 - 2nd St. Bremerton Washington P. O. Address

Subscribed and sworn to before me on this 9th day of June, 1941

(SEAL) Notary Public, residing at Bremerton

4/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367 208 014 962

311244

311244

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Violet Cox

5. Date of Birth (Month, day, year) June 8, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry P. Cox
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New Castle (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Robinson
17. Color or Race
18. Age at time of THIS birth 29 yrs.
19. Birthplace Coleville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Robinson Cox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Violet Cox (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jennie Berg (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Robinson Signature
1502 No. 7th Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of May, 1941

(SEAL) Edith N. Church Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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884717.004699 RECEIVED

United States
Department of Commerce
Bureau of the Census

APR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311303
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Sidney Hymas

5. Date of Birth (Month, day, year) Apr. 17, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John W. Hymas
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Liberty (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Lee Orr
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Morgan City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Hymas (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) April 25 - 1941 (Date received) (b) Mabel F. Eccher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Hymas, being first duly sworn, say that I am the mother(related) (Related to (or) acquainted with) Sidney Hymas (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hymas (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosa Hymas Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 23d day of April, 1941

(SEAL) [signature] Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/1/41. w.h.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311251

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Westlake
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 9 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Westlake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Westlake, Idaho

3. **RESIDENCE OF FATHER** (city, state) Westlake, Ida

4. **FULL NAME OF CHILD** Raymond Delbert Adams

5. Date of Birth (Month, day, year) Nov. 28, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Adams
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Viola Seifert
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace McMinville, (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Viola Adams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 10 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Viola Adams, being first duly sworn, say that I am related to (Related to (or) acquainted with) Raymond Delbert Adams (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John B. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth Viola Adams Name
1320 - 7 Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 09th day of December, 1940

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 4 1965

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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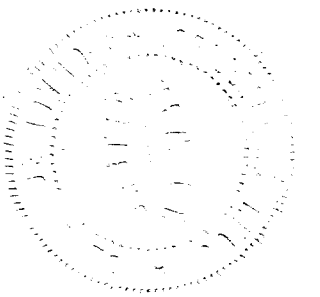

113-225-022-255

United States
Department of Commerce APR 26 1941
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311266
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Dubois
(c) Street Address or R F.D No. None
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Dubois, Idaho

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Thelma Mae Jacoby

5. Date of Birth (Month, day, year) Dec. 25, 1900

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph P. Jacoby
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Arlington (City or town) Illinois (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Union Pacific Railroad Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth N. Kendrick
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Lowell (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 26-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elizabeth N. Jacoby, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Mae Jacoby (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elmer Davis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Elizabeth N Jacoby Name ✓
Dubois, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of September 1940.

(SEAL) [signature] Notary Public, residing at Dubois, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-125022.

RECEIVED MAY 1 1941

United States 743
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH NOW CLARK CO.
(a) County FREMONT (b) ~~City~~ P.O. SMALL
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or ~~Mat.~~ Home — days.
IN THIS county 32 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT.
(c) City SMALL
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address SMALL IDAHO.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JAMES ANGELO PATELZICK.
5. Date of Birth (Month, day, year) Oct. 25, 1900
6. Sex MALE
7. (Twin) or Triplet — If so—born (1st,) 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME JOHN JOSEPH PATELZICK	16. FULL MAIDEN NAME EMMA LOVINA GUTHRIE
11. Color or Race WHITE 12. Age at time of THIS birth 53 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
13. Birthplace — (City or town) GERMANY. (State or foreign country)	19. Birthplace OGDEN (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER.	20. Exact Occupation HOUSEWIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 4 (d) Stillborn NONE -

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of Calif.
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J A Patelzick, being first duly sworn, say that I am Related (Related to (or) acquainted with) James Angelo Patelzick (Name of person on certificate above) as Bro. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J D Ellis (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

J A Patelzick Signature
Newman Calif. P. O. Address

Subscribed and sworn to before me on this 29 day of April, 1941

(SEAL) Ray E Freeman Notary Public, residing at Newman Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-227029-366 RECEIVED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311456

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No. Nora, Idaho
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years 3 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. Nora, Idaho
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Nora Idaho

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Effie Myrtle Ivana Berglund

5. Date of Birth (Month, day, year) August 27, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Knut Otto Berglund
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Preacher
15. Industry or Business Swedish Methodist Church

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophie Jofte
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 1 - 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of Shasta }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Knut Otto Berglund, being first duly sworn, say that I am related to (Related to (or) acquainted with) Effie Myrtle Ivana Berglund (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hoidahl (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Knut Otto Berglund Signature

Mt. Vernon Wash R. 3. P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941

(SEAL) Nancy Lammers Notary Public, residing at Mt Vernon

c.c. 5/7/41. w.b.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-216-030-619

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311465
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address Salmon, Idaho

3. **RESIDENCE of FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Ruth Mary Havemann

5. Date of Birth (Month, day, year) June 16, 1900

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick George Havemann
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hays (City or town) Kansas (State or foreign country)
14. Exact Occupation PosTMasTer
15. Industry or Business Federal GoverNmenT EmployeE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lois Warner
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace WaTerville (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 1 - 1941 (Date received) (b) Maird T Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, DAISY A. OWEN, being first duly sworn, say that I am related to (Related to (or) acquainted with) RUTH MARY HAVEMANN PETERSON (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Daisy A. Owen Signature
338 So. Citrus Avenue, Los Angeles P. O. Address

Subscribed and sworn to before me on this 29th day of April, 19 41

(SEAL) Blaine Burger Notary Public, residing at Los Angeles, Cal.

MY COMMISSION EXPIRES MARCH 25 1942

c.c. 5/7/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 118 035 -713 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 218 C. Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 218 C. Street
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address 218 C. Street

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Harrison Williams

5. Date of Birth (Month, day, year) 7-18-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charlie Williams
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Rockford Illinois (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Patterson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hanford Cal. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 4-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Paul Anderson, being first duly sworn, say that I am ~~Step Father~~ Related (Related to (or) acquainted with) Harrison Williams (Name of person on certificate above) as Step Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Inman (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Paul Anderson Signature
The Dalles Ore P.O. Address

Subscribed and sworn to before me on this 3rd day of May 1941

(SEAL) H. C. Hurley Notary Public, residing at The Dalles Ore

My Commission expires Aug 1st 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/9/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614 213022-897

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311524

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Fremont (b) City Medicine Lodge near Dubois Idaho
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county...3.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Iowa (b) County Marshall
(c) City Marshalltown
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?...3.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state)...Indiana

4. **FULL NAME OF CHILD**...Dorothy Faulkner
5. Date of Birth (Month, day, year) Aug 13-1900
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**...Albert Faulkner
11. Color or Race White
12. Age at time of THIS birth 28 yrs
13. Birthplace...Indianapolis (City or town) Ind. (State or foreign country)
14. Exact Occupation...Farmer
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**...Edna Hixson
17. Color or Race White
18. Age at time of THIS birth...22...years
19. Birthplace...Avon (City or town) Iowa (State or foreign country)
20. Exact Occupation...Teacher
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...2... (b) Born alive and now living.....
(c) Born alive and now dead.....(d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was...1... (born alive, stillborn) ...L... ...2... M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAY 5 1941 (Date received) (b) Maud M Keeler (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address.....Date

27. Given name added on.....by.....(Registrar's signature)

State of California } ss.
County of Sacramento }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Hixson Gillen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Faulkner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jack Ellis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Hixson Gillen Name
Sacramento Calif. P. O. Address

Subscribed and sworn to before me on this 30th day of April 1941

Notary Public in and for the County of Sacramento State of California (SEAL) Stanley F. Wilkening Notary Public, residing at Sacramento Calif.

My commission expires Dec. 9, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 c.c. 5/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847 211 025 962

RECEIVED

MAY 2 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311531

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Grace
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Grace
   (d) Street Address or R.F.D. No. R. 7 D.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Salt Lake Utah 201-23rd So
3. **RESIDENCE of FATHER** (city, state): dead 27 yrs

4. **FULL NAME OF CHILD** Lillian May Hughes
5. Date of Birth (Month, day, year) April 11- 1900
6. Sex Female
7. Twin or Triplet Twin
   If so—born 1st, 2nd, 3rd 5th birth
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Charles Hughes
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anne ~~Hughes~~ Robinson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Great Barrington Gloucester England (City or town) (State or foreign country)
20. Exact Occupation Stayed at Home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 7 - 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Anne Hughes, being first duly sworn, say that I am Mother Of (Related to (or) acquainted with) Lillian May Hughes (Name of person on certificate above) as Mother of Lillian May Hughes (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Steadman midwife (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Sarah Anne Hughes Signature

201 E 3rd So Salt Lake City P. O. Address

Subscribed and sworn to before me on this 1st day of February, 1941

(SEAL) Jean H. Smith Notary Public, residing at Salt Lake City

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851715029 363

311553

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 1413
Reg. Dist. No. 200

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE of FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Ralph Alonzo Headrick

5. Date of Birth (Month, day, year) June 15, 1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Jones Headrick
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Bolling Green, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Cole
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Latah County (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4-30-41 (Date received) (b) Hattie Einhouse (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington
County of Spokane } ss.

I Frances Ekoff, formerly Frances Cole Headrick, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Alonzo Headrick (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carruthers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frances S. Ekoff Signature
Route 8 - Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 29th day of April 1941

(SEAL) Richard S. Hunter Notary Public, residing at Spokane, Washington

JUN 15 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869 225016 264 RECEIVED

United States
Department of Commerce
Bureau of the Census

MAY 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311555
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In THIS county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~14~~ yrs.
   (f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (city, state): Albion, Idaho

4. **FULL NAME OF CHILD** Jessie May Horsley

5. Date of Birth (Month, day, year) May 25, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Thomas Horsley
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace KIRHIM (City or town), England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie MAY South
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace ~~Little Sioux~~ Fodisville (City or town), Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4
    (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 7-1941 (Date received) (b) Mabel M Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie May Horsley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie May Horsley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O.R. Storey, Burley (Name of attendant at birth) who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Jessie May Horsley Signature

Albion, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of Feb. 19 41

(SEAL) ..... Notary Public, residing at Albion, Idaho

APR 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-109. 044493

311615

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311615
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Washington (b) City Heath
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Heath
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Heath, Ida.

4. **FULL NAME OF CHILD** Lowell Calhoun Holland

5. Date of Birth (Month, day, year) Sept. 9, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orin Calhoun Holland
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Galveston (City or town) Texas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Miller
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Gunnison, (City or town) Colo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Verna Holland Borgman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lowell C. Holland (Name of person on certificate above) elder sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Livingston (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Verna Holland Borgman Signature
Weiser, Idaho, % Wolfe Building P. O. Address

Subscribed and sworn to before me on this 9th day of May, 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

5/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-123-032-449

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. 5 m. West City
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ___ days
IN **THIS** county 17 years 6 months ___ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. 5 m. W. City
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Walter Joseph Byrne

5. Date of Birth (Month, day, year) May 23, 1900

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Joseph Byrne

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Elphin (City or town) Ireland (State or foreign country)

14. Exact Occupation Stockman

15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Beatrice Murphy

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Norwich (City or town) New York (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum No information

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) May 15-1941 (Date received) (b) Mabel H Geldes (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's **OWN** signature ___ M.D. (D.O., Midwife, etc.)
and address ___ Date ___

State of Idaho
County of Ida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Beatrice Murphy Byrne, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Joseph Byrne (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Baugh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Ellen Beatrice Murphy Byrne, Signature
R. F. D. # 6, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of May 1941

(SEAL) Florence La Salle Notary Public, residing at Boise Idaho

c.c. 5/14/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

969-103-032-693

RECEIVED

MAY 3 1941

311655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr. Alby's home at Shoshone
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 3 days.
In **THIS** county 1 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Hagerman

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Runyan Van Iorns

5. Date of Birth (Month, day, year) Jan. 3, 1900

6. Sex Male

7. Twin or Triplet ~

If so—born 1st, 2nd, 3rd ~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vaughn Iorns
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lebanon (City or town), Ohio (State or foreign country)
14. Exact Occupation Pharmacist or Druggist
15. Industry or Business Druggist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Williams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Blandensville, Ill. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business ~

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 3 - 1941 (Date received) (b) Maud Tebbs (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I W. Van Iorns, being first duly sworn, say that I am ~~father~~ related (Related to (or) acquainted with) wife Runyan Van Iorns (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alby (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. Van Iorns. Signature

Hagerman, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of May 1941

(SEAL) [illegible] Notary Public, residing at Hagerman, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-12-016-418

311680

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED MAY 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.**
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (RFD Oakley)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Basin, Ida

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Elmer Carl Posey

5. Date of Birth (Month, day, year) May 22, 1900

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert W. Posey

11. Color or Race ~~White~~ Creek Indian

12. Age at time of THIS birth 31 yrs.

13. Birthplace Waco, Texas (City or town) (State or foreign country)

14. Exact Occupation Sheepherding

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Dayley

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Tooele, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Maurel T. Geer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Jeanette Dayley, decease M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Dayley Posey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Carl Posey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jeanette Dayley (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Dayley Posey Signature

Burley, Idaho. P. O. Address

Subscribed and sworn to before me on this 6th day of May, 1941.

(SEAL) Henry W. Gunter Notary Public, residing at Burley, Idaho

DEC 27 1968

C.C. 5/15/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-123-040-366

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay BEFORE delivery:
In Hosp. or ~~Mat.~~ Home ..... days.
IN THIS county 3 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Mullan, Idaho

3. RESIDENCE of FATHER (city, state) Mullan, Ida

4. FULL NAME OF CHILD Carl Elmer Massing

5. Date of Birth (Month, day, year) June 23, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Albert Eric Massing	16. FULL MAIDEN NAME Hilda Christina Loff
11. Color or Race White — 12. Age at time of THIS birth 31 yrs.	17. Color or Race White — 18. Age at time of THIS birth 21 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)	19. Birthplace Norway, Michigan (City or town) (State or foreign country)
14. Exact Occupation Storekeeper	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 14-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hilda C. Shea, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Elmer Massing (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Mocksted (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hilda C. Shea. Signature
747 No. Catalina St., Burbank, Calif. P. O. Address

Subscribed and sworn to before me on this 12 day of May, 1941

(SEAL) E. Abbott Notary Public, residing at Burbank Calif

My Commission Expires March 7, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/21/41. Pub.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-111-029-493

United States
Department of Commerce MAY 14 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311795
Local Reg. No. 1440
Reg. Dist. No. 200

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Potlatch

3. RESIDENCE of FATHER (city, state) Potlatch

4. FULL NAME OF CHILD Edward Virgil Adair
5. Date of Birth (Month, day, year) Nov 11th 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 months
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Adair
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lane County Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Estella Miller
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace McMinnville County Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Harry Einhouse (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ollie Estella Adair, being first duly sworn, say that I am Mother (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Scallons (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ollie Estella Adair Signature
Princeton Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of May, 1941

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/21/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-202.029-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311800

Local Reg. No.

Reg. Dist. No.

MAY 15 1941

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home no days.
   In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Moscow Idaho

3. **RESIDENCE of FATHER** (city, state): Moscow Idaho

4. **FULL NAME OF CHILD** Iva Louella Stalcup

5. Date of Birth (Month, day, year) Feb 2. 1900

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Stalcup
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Paris, Missouri (no)
    (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Smith
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Shelbina Missouri (yes)
    (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
    (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) MAY 15 1941 (Date received) (b) Mabel M Geeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Smith Stalcup, being first duly sworn, say that I am related (Related to (or) acquainted with) Iva Louella Stalcup (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carothers (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Smith Stalcup Signature

426 - 17th St. Longview Wn P. O. Address

Subscribed and sworn to before me on this 1 day of May, 1941

(SEAL) Geo A Nelson Notary Public, residing at Longview

c.c. 5/21/41. w.j.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 214 036-693

United States
Department of Commerce
Bureau of Census

MAY 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 30 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Samaria, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Rachel Hamblin ~~Thorpe~~

5. Date of Birth (Month, day, year) June 14, 1900

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Lewis L. Hamblin	16. FULL MAIDEN NAME Catherine Williams
11. Color or Race Wh Am 12. Age at time of THIS birth 40 yrs.	17 Color or Race Wh Am 18. Age at time of THIS birth 32 yrs.
13. Birthplace Cedar City. .Utah (City or town) (State or foreign country)	19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business Hoisekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Williams (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 16 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie H. Price, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rachel Hamblin Thorpe (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lizzie Evans (Name of attendant at birth), who attended said birth no w deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie H. Price Signature

Samaria, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of May, 1941

(SEAL) [signature] Notary Public, residing at Malad, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Lapwai

No. St.

Idaho

(If born in hospital or institution give name.)

MAY 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

311885

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Mary Jane Henry

3. Sex Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? no

8. Date of birth Oct. 29, 1900 (Month, Day, Year)

FATHER

9. Full name Loren Grant Henry

10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, Idaho

11. Color or race white | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Sarah Jane Pearsall

19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, Idaho

20. Color or race white | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Walla Walla, Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah Jane Henry, ~~M. D.~~ Mother

or , Midwife

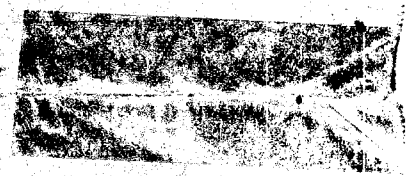
Address

Give name added from a supplemental report

(Date of)

Registrar.

Filed May 17, 1941 Mabel F. Feeler
Registrar.



855-229 035-751

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO } ss.
County of Boundary }

Sarah Jane Henry being first duly sworn says that she is the mother (Relationship of child)* of Mary Jane Henry born October 29, 1940 (Date of birth) at Lapwai, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary ~~Sarah~~ Jane Henry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Sue Johnson ~~M.D.~~ was the Midwife medical attendant at the birth of said Mary ~~Sarah~~ Jane Henry and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Sarah Jane Henry

P. O. Address Post Falls, Idaho

Subscribed and sworn to before me this 23rd day of August, 19 40

J A McNally
Notary Public.

Residing at Bonners Ferry, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

c.c. 5/24/41. w.h.

813-127 022819

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311888
Local Reg. No.
Reg. Dist. No.

MAY 17 [illegible]

1. PLACE OF BIRTH
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Hial Lester Hall

5. Date of Birth (Month, day, year) 2-27-1900

6. Sex: male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Hiram Hall

11. Color or Race: white

12. Age at time of THIS birth ____ yrs.

13. Birthplace: Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation: Then city marshal

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Harris

17 Color or Race: white

18. Age at time of THIS birth ____ yrs.

19. Birthplace: Malvern, England (City or town) (State or foreign country)

20. Exact Occupation: housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 17-1941 (Date received) (b) Mark F Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sylvia Jones, being first duly sworn, say that I am related (Related to (or) acquainted with) Hial Lester Hall (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sylvia Jones Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of May, 1941

(SEAL)

Fenny Graham Notary Public, residing at Rigby Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/26/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-114-030-392

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311922
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Salmon, Ida

4. **FULL NAME OF CHILD** James Lish Adams

5. Date of Birth (Month, day, year) November 14 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Adams
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Merther Tidfil (City or town) Wales (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anne Lish
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Magnolia Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home maker & housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6
(c) Born alive and now dead 6 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 11/30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Adams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 19 1941 (Date received) (b) Mabel F Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Vera Cripken M.D. (D.O., Midwife, etc.)
and address Salmon Idaho Date 5-16-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/27/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-131-003-245

313028

United States Department of Commerce Bureau of Census

RECEIVED MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannick (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In private home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannick
(c) City Near Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 mos.
(f) Mother's mailing address Blackfoot, Ida.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Leroy Eric Anderson

5. Date of Birth (Month, day, year) Jan. 31, 1900

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eric Arvid Anderson

11. Color or Race Swede

12. Age at time of THIS birth 26 yrs.

13. Birthplace Sweden (City or town) (State or foreign country)

14. Exact Occupation Car repair

15. Industry or Business Rail Road

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Alfreda Sunden

17. Color or Race Swede

18. Age at time of THIS birth 27 yrs.

19. Birthplace Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eric Arvid Anderson, being first duly sworn, say that I am ~~the father~~ related to (Related to (or) acquainted with) Leroy Eric Anderson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Josephine Larson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eric Arvid Anderson Signature

Newport Oregon P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941

(SEAL) W. G. Wallace Notary Public, residing at Newport, Ore.

My Commission expires Feb. 26-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-22-1035-593

313057

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 26 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nezperce (b) ~~City~~ Lola Country
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Lolo

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Nora Bell Ray

5. Date of Birth (Month, day, year) July 21, 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Ray
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cradell Hill
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Staton Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cradell Ray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nora Bell Ray (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife-Mrs Barrett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cradell Ray Signature
E 1514 Springfield Spokane, Wash P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) Winnifred McPherson Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-220-075-857

313107

313107

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 20 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Lewiston
   (c) ~~Street Address~~ or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years 11 months ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) ~~Street Address~~ or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 11 No ~~yrs~~.
   (f) Mother's mailing address R.F.D #1

3. **RESIDENCE of FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** Hazel Wentworth Thayer

5. Date of Birth (Month, day, year) Apr 26-1900.

6. Sex Female.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lawrence Elsander Thayer
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Boston, Mass. (City or town) (State or foreign country)
14. Exact Occupation Orchardist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Euphenia Minerva Hepler
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Clarion County - Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel H Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs L E Thayer, being first duly sworn, say that I am Mother Related to (or) acquainted with
Hazel Wentworth Thayer as Mother (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. E. L. Munson, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

x Mrs L. E. Thayer Signature

Rt. Box 210 Boring, Ore. P. O. Address

Subscribed and sworn to before me on this ..... day of MAY 19 1941, 19....

(SEAL) ..... Notary Public residing at .....

NOTARY PUBLIC FOR IDAHO RESIDING AT [illegible]
THEREIN. MY COMMISSION EXPIRES

c.c. 6/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-22-006-254

313173

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at own residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county four years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 75 yrs.
(f) Mother's mailing address Moore Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD WALTER HENRY BULL

5. Date of Birth (Month, day, year) July 22, 1900

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME WILLIAM ARTHUR BULL

11. Color or Race WHITE

12. Age at time of THIS birth 60 yrs.

13. Birthplace UNKNOWN (City or town) MISSOURI (State or foreign country)

14. Exact Occupation Merchant ~~MISSOURI~~

15. Industry or Business Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME CHARLOTTE CORDELIA KEMPTON

17. Color or Race WHITE

18. Age at time of THIS birth 35 yrs.

19. Birthplace MANTI CITY (City or town) UTAH (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business Mother of family

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) Mabel F. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of BUTTE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Revella Leaden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Henry Bull (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Revella Leaden Signature
Moore, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of May, 1941

(SEAL) [signature] Notary Public, residing at Arco, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DRS-110-025-433

313185

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Clarence Claud Shearer

5. Date of Birth (Month, day, year) Sept. 10, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joel Sturgess Shearer
11. Color or Race .....
12. Age at time of THIS birth ..... yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation .....
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Adeliade Utter
17. Color or Race .....
18. Age at time of THIS birth 39 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation .....
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child Six. (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.).

26. (a) May 28-1941 (Date received) (b) Mabel V Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Adelinde Shearer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Claude Shearer (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth except husband (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julia A. Shearer Signature

Hayden Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of April 1941

(SEAL) Hampton Taylor Notary Public, residing at Grangeville, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/10/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 107 035 819

RECEIVED
JUN 4 1941

313318

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313318
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: no
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month 14 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 months
   (f) Mother's mailing address Nezperce Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Marcus Kent Peters

5. Date of Birth (Month, day, year) May 7 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barton Genoa Peters
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kokomo (City or town) Indiana (State or foreign country)
14. Exact Occupation Purchasing Agent of grain
15. Industry or Business Grain

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Myrtle Harris
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation wife (Student)
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Myrtle Peters, being first duly sworn, say that I am related To (Related to (or) acquainted with) Marcus Kent Peters (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Myrtle Peters Signature

P. O. Address

Subscribed and sworn to before me on this 26 day of May 1941

(SEAL) J. O. Wall Notary Public, residing at Seattle.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-118 006-266

313446

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Owyhee (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Idaho Falls Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Carl Wilber White

5. Date of Birth (Month, day, year) Aug 18 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Wilber White
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Vestal N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Semantha Booker
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Purcell OKla. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 12 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT

To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of New Mexico } ss.
County of Socorro }

I, Maggie S White, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Carl Wilber White (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Thomas Caldwell (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Maggie S. White. Signature
x Socorro N. M. P. O. Address

Subscribed and sworn to before me on this 9th day of June, 1941

(SEAL) E. L. Heiman Jr. Notary Public, residing at Socorro N.M.
My comm exp. 6/25/41

c.c. 6/18/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

JUN 14 1941

313583

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 120 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 196

2. FULL NAME OF CHILD ANNA MAE GOTTEM

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 12, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ole Pedersen Gottem	18. Full maiden name: Marie Pernille Hansen
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene, Idaho
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 41 (years)	21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Norway	22. Birthplace (city or place) (State or Country): Norway
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ~~[illegible]~~ Mother

I hereby certify that I ~~attended~~ was present the birth of this child, who was born alive (Born Alive or Stillborn) at A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

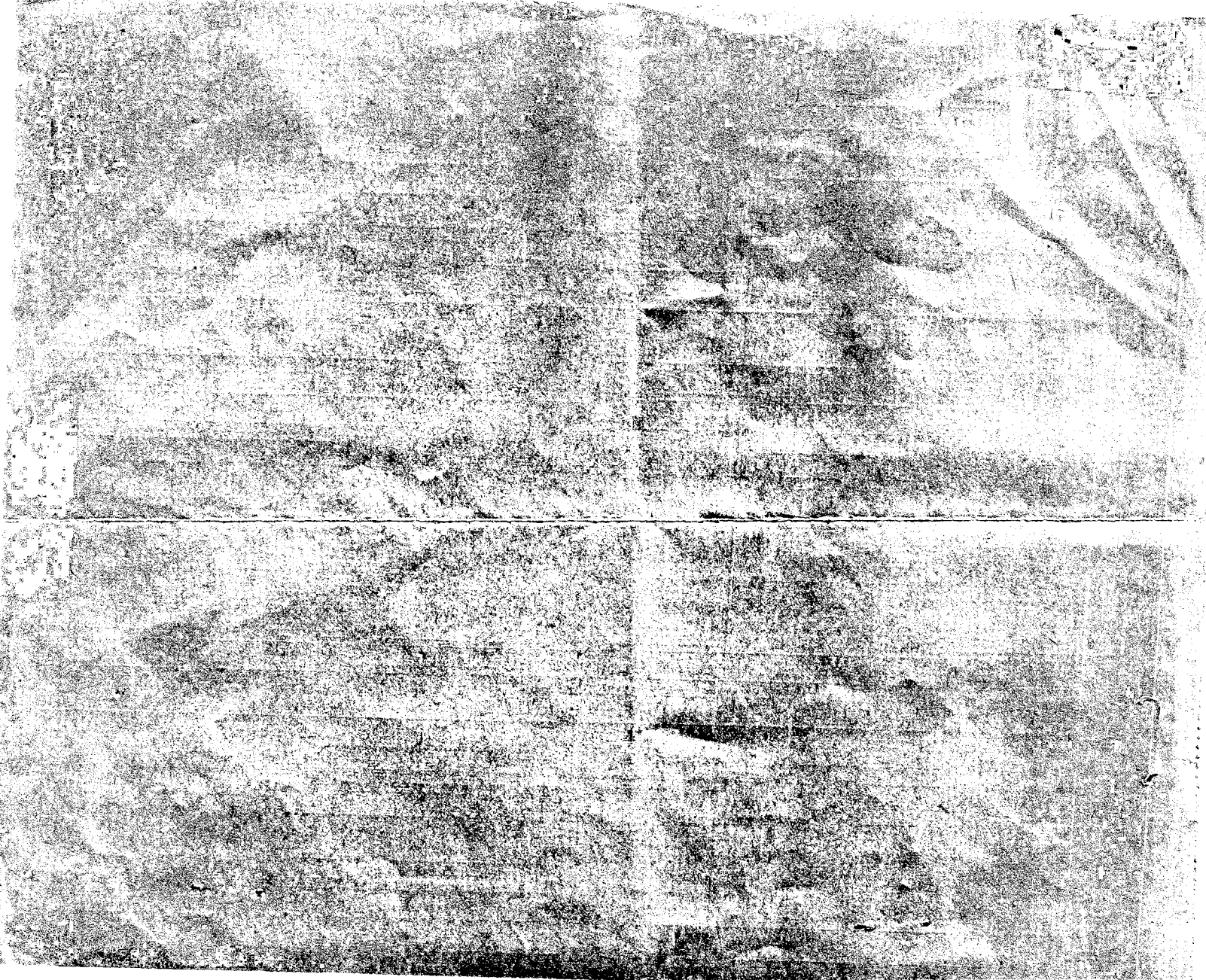
Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) ....., M. D.
or Marie P (Gottem) Koester ~~[illegible]~~ Mother
Address 4037 Cherokee Ave. San Diego, Calif
Filed 6.7.41, 193 H L Newcombe M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



763-2120-2815

STATE OF IDAHO

RECEIVED
JUN 14 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California)
County of San Diego) ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie P. (Gottem) Koester being first duly sworn says that she is the Mother (Relationship of child)* of Anna Mae Gottem born February 12, 1900 (Date of birth) at Coeur d'Alene, Kootenai County, Idaho, whose certificate of birth is hereto attached, and that Marie P. (Gottem) Koester desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Anna Mae Gottem hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No Physician or midwife in attendance at this birth., M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Marie (Gottem) Koester

P. O. Address 4037 Cherokee Ave. San Diego, California

Subscribed and sworn to before me this 10th day of February, 1941

A. M. Gilbert
Notary Public.

My Commission Expires Feb. 21 1943.

Residing at San Diego California, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

P. C. 6-20-41

962-28-006-799

United States
Department of Commerce
Bureau of the Census

JUN 13 194-

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bingham (b) City Idaho Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: born in home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) decid

4. **FULL NAME OF CHILD** Grace Amy Robbie

5. Date of Birth (Month, day, year) 7-18-1900

6. Sex. female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alick Robbie
11. Color or Race white
12. Age at time of THIS birth.....yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Pharmacist - Attorney
15. Industry or Business Drug Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Price
17. Color or Race white
18. Age at time of THIS birth.....years
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife - dressmaker
21. Industry or Business homemaking.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at abt 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Price Robbie (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 13-1941 (Date received) (b) Mabel H Geeder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Price Robbie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Grace Amy Robbie (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Bertha Robbie Name
P.O.Box 273, Tujunga, California P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941

(SEAL) Britton Bourke Notary Public, residing at Tujunga, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

I. C. 6-20-41

FEB 24 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-12 1 036 963

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

313645

State File No.
Local Reg. No. 165
Reg. Dist. No. 540

1. PLACE OF BIRTH
(a) County ~~Franklin~~ Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Myron David Nuffer

5. Date of Birth (Month, day, year) July 21, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ~~Yes~~

FATHER OF CHILD

10. FULL NAME John Nuffer
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Architect
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Zollinger
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Louisa Nuffer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6-16-1941 (Date received) (b) G.W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Louisa Zollinger Nuffer, being first duly sworn, say that I am Mother of Myron D Nuffer (Name of person on certificate above) as Mother (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Swann (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louisa Zollinger Nuffer Signature
Preston Ida. P. O. Address

Subscribed and sworn to before me on this 16 day of June 1941

(SEAL) J. W. Larsen Notary Public, residing at Preston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-231 006 614

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313690
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 296 Love St
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Helen Cornelia Jensen

5. Date of Birth (Month, day, year) August 31 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Soren Jensen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hals (City or town) Denmark (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Hadsworth
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mabel T. Edlefsen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Soren Jensen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Cornelia Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Soren Jensen Signature

1098 Idaho Ave Id Falls Ida P. O. Address

Subscribed and sworn to before me on this 14th day of June, 1941

(SEAL) Ross Jeremy Notary Public, residing at Idaho Falls

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-229 040-575

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314769
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county one years 1 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Burke, Idaho

3. **RESIDENCE of FATHER** (city, state) Burke, Ida

4. **FULL NAME OF CHILD** Beatrice May Brice

5. Date of Birth (Month, day, year) Oct. 29, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Leander Brice
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lima, Ohio (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie May Van Housen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Schuyler Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mabel M. Kelley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josie May Brice, being first duly sworn, say that I am related to (Related to (or) acquainted with) Beatrice May Brice (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collins (Name of attendant at birth), who attended said birth case not to be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josie M. Brice Signature

Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 18th day of June, 1941

(SEAL) Julia Farris Notary Public, residing at Los Angeles, Calif.

My com. ex. Mar. 8/15/45

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 TD2 008 219

United States
Department of Commerce
Bureau of Census

JUN 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314786
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise. (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: home
In Hosp. or Mat. Home days. own home
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Idaho City at time of birth Idaho City Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harry Leroy Pinneo

5. Date of Birth (Month, day, year) Sept 2-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Leroy Hess Pinneo

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Case County Nebraska (City or town) (State or foreign country)

14. Exact Occupation labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Jane Barclay

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Winona Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel Y Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J M Graham, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Harry Leroy Pinneo (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J M Graham Signature

Kings Valley, Ore. P. O. Address

Subscribed and sworn to before me on this 16th day of June 1941

(SEAL) [signature] Notary Public, residing at Philomath Ore

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ___ days. IN **THIS** county ___ years Home month ___ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Ida (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address C.D.A. C.D.A. Ida

3. **RESIDENCE of FATHER** (city, state) C.D.A. C.D.A. Ida

4. **FULL NAME OF CHILD** F. Loyd Asaph Stowe

5. Date of Birth (Month, day, year) Oct 27 1900

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Marshall Stowe
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mapleton (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Kimey
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pembina (City or town) N. Dak. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) JUN 21 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's **OWN signature** ___ M.D. (D.O., Midwife, etc.) and address ___ Date

State of Idaho } ss
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I George Marshall Stowe, being first duly sworn, say that I am the Father (Related to (or) acquainted with) F Loyd Asaph Stowe (Name of person on certificate above) as ___ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bibel (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Marshall Stowe Signature
Flora Stowe P. O. Address

Subscribed and sworn to before me on this 18 day of June, 1941

(SEAL) John W Boothe Notary Public, residing at Coeur d'Alene Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

AUG 9 1941

Certificate No. 314810
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Floyd Asaph Stowe. (Name on original certificate) who born (Was born or died) on October 27th 1900 (Date of event)
in at home Kootenai County Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record. (Bible record, insurance policy, etc.) prepared on Year 1900 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name		to correct middle name.

Subscribed and sworn to before me this 6th
day of August, 19 41
John M Boothe
Notary Public, residing at Coeur d'Alene
My commission expires April 22 1942
[SEAL]

Signed Elosa Stowe Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
212 N 18th St R 3 C D A Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Kootenai }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of August, 19 41
John M Boothe
Notary Public, residing at Coeur d'Alene
My commission expires April 22 1942
[SEAL]

Signed Lizzie M. Williams 614 N. 15th St.
Signed George Marshall Stowe
(Signature of any credible person other than the previous affiant)
212 N. 18 R. 3 Coeur d'Alene Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

8/13/14

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United States
Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314992
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** John Randall Wallace

5. Date of Birth (Month, day, year) Oct 6 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chauncey Wallace
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ogden (City or town) Iowa (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina McCarty
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace County Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel H Edler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Wallace being first duly sworn, say that I am related to (Related to (or) acquainted with) John Randall Wallace (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Putman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christina Wallace Signature

P. O. Address

Subscribed and sworn to before me on this 12th day of June 1941

(SEAL) L L Barbieri Notary Public, residing at Spokane, Wn

7-1-41

NOV 10 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-11-2014-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315047

State File No. 315047
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No. R.F.D. No.1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 9 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R.F.D. No.1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Caldwell
3. **RESIDENCE OF FATHER** (city, state) Cald. Ida.

4. **FULL NAME OF CHILD** Elmer Everett Crockett
5. Date of Birth (Month, day, year) Sept. 12, 1900
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Henry Crockett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Concordia (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Irene Venator
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Grant County, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Irene Crockett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Grace Bixby M.D. or (D.O., Midwife, etc.)
and address Middleton Ida. Date July 8-41

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Grace Bixby, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elmer Everett Crockett (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Edwin Maxey (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Grace Bixley Name
Middleton Ida. P. O. Address

Subscribed and sworn to before me on this 5th day of July 1941

(SEAL)

A. L. Murphy Notary Public residing at Caldwell Idaho
My Commission Expires Feb 14th 1943

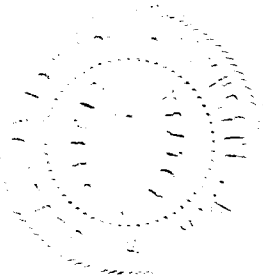
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing.
Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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315055

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D.No. 709 Albany
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 28 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D.No. 709 Albany
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Helen Imogene Madden

5. Date of Birth (Month, day year) July 29-1900

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Shirley Madden
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boise Valley (City or town) Idaho (State or foreign country)
14. Exact Occupation Abstracter
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marietta Albeta Dodd
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Walla Walla (City or town) Wn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 7-10-41 (Date received) (b) Mabel F Eleher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R S Madden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Imogene Madden (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Ada Maxey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R S Madden Signature
Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of July, 1941
(SEAL) N B Joy Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-11-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce JUN 30 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315089
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born AT HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 or more yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD BRENTNALL-HARRY BALLENTINE
5. Date of Birth (Month, day, year) 9/12/1900
6. Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME HARRY BALLENTINE	16. FULL MAIDEN NAME SELMA OLSON
11. Color or Race WHITE 12. Age at time of THIS birth 29 yrs.	17 Color or Race White 18. Age at time of THIS birth 25 yrs.
13. Birthplace BLAIRSVILLE (City or town) PENN. (State or foreign country)	19. Birthplace MALMA (City or town) SWEDEN (State or foreign country)
14. Exact Occupation Railroad TRAINMAN	20. Exact Occupation HOUSE WIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother; (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 1 ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 4 AM. on the date and at the place stated above, and that personal particulars were furnished by HARRY BALLENTINE (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Mabel Y Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am Related to (Related to (or) acquainted with) BRENTNALL Harry BALLENTINE (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DO NOT Remember NAME (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Harry Ballentine Signature
218-W 89 st Los Angeles California P. O. Address

Subscribed and sworn to before me on this 17th day of MAY, 1941

(SEAL) Gladys A. De Hoog Notary Public, residing at 9316 So Bdwy Los Angeles, Calif.

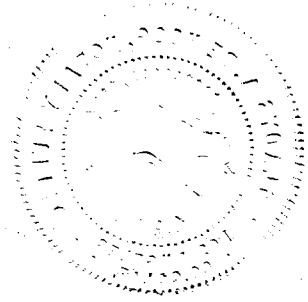
My Commission Expires April 1, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bear Lake~~ Oneida (b) City Teakean
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 7 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bear Lake~~ Oneida
(c) City Teakean
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Teakean, Idaho

3. RESIDENCE of FATHER Teakean, Idaho

4. FULL NAME OF CHILD Floyd McKinley Walston

5. Date of Birth (Month, day, year) July 18, 1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abel Lister Walston

11. Color or Race White

12. Age at time of THIS birth 52 yrs.

13. Birthplace Near Williamsport, Pickway Co. Ohio (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Shingleton

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace Romney, West Virginia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 30 1941 (Date received by Registrar) (b) Maud Keeler (Registrar's signature)

27. Given name added on JUN 30 1941 by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E. Snyder, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd McKinley Walston (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that F. J. Fugate (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha E. Snyder Signature

Gresham, Oregon P. O. Address

Subscribed and sworn to before me on this 28th day of June, 19 41

(SEAL) Catherine Baumann Notary Public residing at Gresham, Oregon

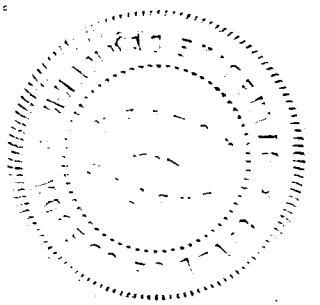
My Commission Expires Jan. 7, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-124-025-296

RECEIVED
JUN 30 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Grangeville Idaho

3. RESIDENCE of FATHER (city, state) Grangeville, Ida

4. FULL NAME OF CHILD Oren William Markham.

5. Date of Birth (Month, day, year) June 24, 1900

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Harry Markham.	16. FULL MAIDEN NAME Mary Jane Brown.
11. Color or Race White 12. Age at time of THIS birth 31 yrs.	17 Color or Race White 18. Age at time of THIS birth 29 yrs.
13. Birthplace Grangeville (City or town) Idaho. (State or foreign country)	19. Birthplace Seward (City or town) Nebraska (State or foreign country)
14. Exact Occupation Cattle Raising.	20. Exact Occupation House Wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at One-A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane Markham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED
JUN 30 1941

26. (a) (Date received) (b) Mabel F Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Markham being first duly sworn, say that I am Mother (Related to (or) acquainted with) Oren William Markham (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Samuel E. Bibby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Jane Markham Signature
2413 So San Gabriel Blvd, San Gabriel, Calif. Address

Subscribed and sworn to before me on this 26 day of June, 1941

(SEAL) W C Gorman Notary Public, residing at Arlmar, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(169-224-03-168

315176

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 2 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Gibbonsville, Idaho

3. RESIDENCE of FATHER (city, state) Gibbonsville, Ida.

4. FULL NAME OF CHILD Vida Marjory Morgan

5. Date of Birth (Month, day, year) June 24, 1900

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Morg Morgan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mallad (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Johnson
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 2 1941 (Date received) (b) Mabel Y. Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Morgan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vida Marjory Morgan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. McNevin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Morgan Signature
429 E. 1st St., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 19 day of June 1941

(SEAL) NOTARY PUBLIC in and for said County of Los Angeles, State of California. Notary Public, residing at Long Beach, Calif.

My Commission Expires April 29, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

APR 27 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456-206-022-359

315185

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315185
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MARY ARLIE DeWITT,

5. Date of Birth (Month, day, year) Jan. 6, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John S. DeWitt
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily LeRoy
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 2 1941 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Emily DeWitt, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) MARY ARLIE DeWITT (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Dewitt (deceased) who attended said birth (Name of attendant at birth) John Dewitt (deceased) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Emily DeWitt Signature

1556 Whitefield Rd. Pasadena, Calif. P. O. Address

Subscribed and sworn to before me on this 7 day of May, 19 41.

(SEAL)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Notary Public, residing at .....

My Commission Expires May 08 1943

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-217-035T 432 NLD

315216

United States
Department of Commerce JUL 7 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home No days. IN **THIS** county 2 years 0 month 17 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Myrtle

3. **RESIDENCE of FATHER** (city, state) Myrtle, Idaho

4. **FULL NAME OF CHILD** Hazel Joinetta McKern

5. Date of Birth (Month, day, year) January 17, 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wilbur McKern
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Yamhill (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mae McKern
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Austin (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Mabel F Eeder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.) and address _____ Date

State of Oregon
County of Grant } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Mae McKern, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hazel Joinetta McKern (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sarah Closby (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Mae McKern Signature

_____ P. O. Address

Subscribed and sworn to before me on this 8 day of June 1941

(SEAL) Ben P Moore Notary Public, residing at John Day Ore

My Commission Mar 11, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-227-003-613

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Thatcher, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Serena Robbins
5. Date of Birth (Month, day year) 27 Sep. 1900
6. Sex F.
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Reg
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Willard H. Robbins
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Treasureton Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Falkman
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) ..... (Date received) (b) Maval T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature (Mrs. Emma Toone) ~~M.D.~~ ~~(D.O.,~~ Midwife ~~etc.)~~ and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Falkman Robbins, being first duly sworn, say that I am related to (Related to (or) acquainted with) Serena Robbins (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Toone (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gertrude Falkman Robbins Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of July 1941
(SEAL) Henry H. Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

JUN 14 1967

JUN 22 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

619-12-C4X-212

315297

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City NEAR CAMBRIDGE
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 18 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City NEAR CAMBRIDGE
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Cambridge, Idaho

3. RESIDENCE of FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD PAUL WESLEY FARMER

5. Date of Birth (Month, day year) 7-21-1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN WILLIAM FARMER
11. Color or Race AMERICANWHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace AR (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation SHEEP SHEARER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE REBECCA BABB
17. Color or Race AMERICAN WHITE
18. Age at time of THIS birth 23 yrs
19. Birthplace META (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel M Bleiler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALICE FARMER BURROW, being first duly sworn, say that I am related to (Related to (or) acquainted with) PAUL WESLEY FARMER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Gladys Sarah Babb (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Farmer Burrow Signature

5926 Echo Street, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 8 day of July, 1941

(SEAL) Dorothy R. E. Sullivan Notary Public, residing at Los Angeles, Calif.

My Commission Expires September 16, 1941

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

554-214-028-617

United States
Department of Commerce
Bureau of the Census

JUL 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: home
In Hosp. or Mat. Home ..... days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Post Falls Idaho

3. RESIDENCE of FATHER (city, state): Post Falls Ida

4. FULL NAME OF CHILD Alta Marian Enders

5. Date of Birth (Month, day, year) Oct 14 - 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry William Enders
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella May Waggoner
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 9 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kooten } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Stella May Waggoner Enders, being first duly sworn, say that I am related (Related to (or) acquainted with) Alta Marian Enders (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dennison (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella May Waggoner Enders Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of July, 1941

(SEAL) [signature] Notary Public, residing at Post Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-102-044-219

315334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 10 1941

State File No.
Local Reg. No. 75
Reg. Dist. No. 32d

1. **PLACE OF BIRTH:**
(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Weiser, Idaho
3. **RESIDENCE of FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Frank Manley Linden
5. Date of Birth (Month, day, year) Jan. 2, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Daniel Linden
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Marie Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Barton ~~Linden~~
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Paris (City or town) Tenn (State or foreign country)
20. Exact Occupation Home wife.
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Barbara Linden Stephens (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) 7/1/1941 (Date received) (b) M. Hawthorn (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Barbara Stephens, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Frank Manley Linden (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hansen (midwife) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Barbara Stephens Signature
Weiser P. O. Address

Subscribed and sworn to before me on this First day of July, 1941

(SEAL) Jos J Gallagher Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 1[illegible], Section [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and [illegible] Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither [illegible] mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-106. 022-59

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315354
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Residence of F.L.Davis
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Lewisville, Idaho.

3. **RESIDENCE of FATHER** (city, state) Lewisville, Id

4. **FULL NAME OF CHILD** Frank Leroy Davis

5. Date of Birth (Month, day, year) Aug. 6, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank L. Davis
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Battle Mountain, Nevada (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvaretta Harmon
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarkston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) Lewisville on the date JUN 30 1941 and at the place stated above, and that personal particulars were furnished by Alvaretta H Davis (First name) (Last name), who is related to this child as his mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mary T. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alvaretta H. Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Leroy Davis (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Harriett Dabell (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alvaretta H. Davis Signature
Box 322 Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of June, 1941

(SEAL) ..... Notary Public, residing at Rexburg, Idaho.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236218044813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315478
Local Reg. No.
Reg. Dist. No.

JUL 16 1941

1. PLACE OF BIRTH
(a) County Washington (b) City 4½ mi. from Weiser
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: Our home Ida
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City 4½ mi. from Weiser
(d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Weiser Ida.

3. RESIDENCE of FATHER (city, state) Weiser Ida

4. FULL NAME OF CHILD Ruth Stover

5. Date of Birth (Month, day year) Feb. 18, 1900

6. Sex girl

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Murphy Stover

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Winterset (City or town) Iowa (State or foreign country)

14. Exact Occupation Farm & stock

15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Hall

17. Color or Race White

18. Age at time of THIS birth 28 yrs

19. Birthplace [illegible] (City or town) [illegible] (State or foreign country)

20. Exact Occupation School teaching & home

21. Industry or Business & Home &c

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clara Stover (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 16 1941 (Date received) (b) Mary F Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Stover, being first duly sworn, say that I am mother (Related to (or) acquainted with) Ruth Stover (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G W Waterhouse (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara Stover Signature

Weiser Idaho R 1 P. O. Address

Subscribed and sworn to before me on this 12th day of July 1941

(SEAL) C. G. Taylor Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/19/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

995-22-5025 859

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315572
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years 6 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Portland Oregon

3. **RESIDENCE of FATHER** (city, state) (Same)

4. **FULL NAME OF CHILD** Fannie Laura Rink

5. Date of Birth (Month, day, year) July 25, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Juniua Henry Rink

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Taylorsville (City or town) N. Carolina (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Herman

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Taylorsville (City or town) N. Carolina (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, ~~xxxxxx~~) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Catherine Herman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature J. W. Turner M.D (D.O., Midwife, etc.)
and address Riverdale Calif. 7-10-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

7/24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697 112 044 299

United States
Department of Commerce JUL 22 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315628
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Mid Vale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No. 16
(e) How long has MOTHER lived in Idaho? 94 yrs.
(f) Mother's mailing address Mid Vale Idaho

3. RESIDENCE of FATHER (city, state) Midvale

4. FULL NAME OF CHILD Joseph Edward Wiggins

5. Date of Birth (Month, day year) 21.12.1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edward N Wiggins
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Holt Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara D Brittain
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Loved (born alive, stillborn) at Midvale M. on the date and at the place stated above, and that personal particulars were furnished by Clara D Wiggins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 22 1941 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature - dead. M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward N Wiggins, being first duly sworn, say that I am related (Related to (or) acquainted with) to Joseph Edward Wiggins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~none~~ Grif. Keithly (Name of attendant at birth), who attended said birth ~~xxxxxx~~ deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward N Wiggins Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of July, 1941

(SEAL) J H Goodnight Notary Public, residing at Midvale Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Jefferson~~ (b) City Labelle
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home ..... days.
IN THIS county yes years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Labelle
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 59 yrs.
(f) Mother's mailing address Blackfoot Ida

3. RESIDENCE of FATHER (city, state) " " R.2

4. FULL NAME OF CHILD Elvin Orlando Wilbur
5. Date of Birth (Month, day year) April 15th 1940
6. Sex Boy
7. Twin or Triplet
If so 2 born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elisha Melvin Wilbur
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Eden (City or town) Utah Weber Co. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Emily Carr
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Promentory (City or town) Boxelder Co. (State or foreign country)
20. Exact Occupation Housewife Utah
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead -48 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia C. Wilbur (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 16 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ Mother's OWN signature Lydia C Wilbur M.D. ~~(D.O., Midwife, etc.)~~
and address R.F.D. #2 Blackfoot, Ida Date July 15, 1941

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia C. Wilbur, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elvin Orlando Wilbur (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia C. Wilbur Signature
R. F. D. #2, Blackfoot, Idaho. P. O. Address

Subscribed and sworn to before me on this 15th day of July, 1941.

(SEAL) Archie A. Kennedy Notary Public, residing at Blackfoot, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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316792

United States
Department of Commerce
Bureau of Census

JUL 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. Orchard Ave
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. Orchard Ave
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) unknown

4. FULL NAME OF CHILD Ernest Harvey Estes

5. Date of Birth (Month, day year) Sept. 25, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Harvey Estes
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Addie Brown
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Keokuk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma A. Estes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Harvey Estes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Fields (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma A. Estes Signature

MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) A. Milgard Notary Public, residing at MOSCOW, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-121-022494

316923

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316923
Local Reg. No. 185
Reg. Dist. No. 631

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D.No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D.No. 3
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** John Abner Willmore

5. Date of Birth (Month, day year) 3-21-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** John Willmore
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Birmingham England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Jennet Wilkinson
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

26. (a) 7-24-41 (Date received) (b) Mrs H E Young (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Leo E Hyde (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Abner Willmore Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of July 1941

(SEAL) Leo E Hyde Notary Public, residing at Rexburg, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

315-220-025-536

316974

United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 68 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mae (Lanningham)

5. Date of Birth (Month, day, year) Nov 20 - 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Albert Casidy Lanningham	16. FULL MAIDEN NAME Adelaide Louise Elfers
11. Color or Race White 12. Age at time of THIS birth 40 yrs.	17 Color or Race White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Platsmouth (City or town) Nebraska (State or foreign country)	19. Birthplace x (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business x	21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead One (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adelaide Lanningham, being first duly sworn, say that I am Related (Related to (or) acquainted with) Mae (Lanningham) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Adelaide Lanningham Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of July, 1941

(SEAL) V. Nothnea Notary Public, residing at Grangeville, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315-120-016-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317061
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ossea (b) City Oakley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 27 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State ~~Sacramento~~ Calif (b) County 1
(c) City Sacramento
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address 823 M. St. Sac.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Russell Everett Land

5. Date of Birth (Month, day, year) Dec 20-1900

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Leslie Land

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Fort Worth (City or town) Texas (State or foreign country)

14. Exact Occupation

15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Natie Louisa Hildreth

17. Color or Race White

18. Age at time of THIS birth 29 years

19. Birthplace Unknown (City or town) Calif (State or foreign country)

20. Exact Occupation

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED
JUL 30 1941

26. (a) ..... (Date received) (b) Maud T. Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora L. Fields, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Russell Everett Land (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. P. Aikeen (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora L. Fields Name
8606 Foothill Blvd. Box 655 P.O. Address
Sunland, Calif.

Subscribed and sworn to before me on this 26 day of July, 1941

(SEAL) Bratton Bowker Notary Public, residing at Tujunga, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

691-103-009-249

United States
Department of Commerce
Bureau of Census

JUL 29 1941
JUL 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Clarksfork
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarksfork
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state) Route # 1

4. FULL NAME OF CHILD Don Oscar Fraker

5. Date of Birth (Month, day year) Nov. 3, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar W. Fraker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Garnett, Kansas (City or town) (State or foreign country)
14. Exact Occupation at present-farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Myrtle Smith
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Webb City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Marvel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Doctor is dead. M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eric Sundquist, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Don Oscar Fraker (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Knapp (Name of attendant at birth), who attended said birth Is deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eric Sundquist Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of July, 1941

(SEAL) Jane Hopkins Notary Public, residing at Blackfoot, Idaho
My commission expires July 1, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

382-12-031-433

RECEIVED AUG 2 1941

317123

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317123
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County LEWIS (b) City NEZPERCE
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City NEZPERCE
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address NEZPERCE IDA.

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD ROY TYSON

5. Date of Birth (Month, day year) FEB. 22, 1900

6. Sex MALE

7. ~~Twin or~~ ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE BAILEY TYSON
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace UNKNOWN (City or town) (State or ~~foreign country~~)
14. Exact Occupation FARMER
15. Industry or Business GRAIN RAISING

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE McCOY
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs
19. Birthplace MILTON (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by MARIE BARRETT (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Aug 2-1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature UNKNOWN M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Wash
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Barrett, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roy Tyson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Do not remember (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie Barrett Signature

1126 Boren Ave P. O. Address

Subscribed and sworn to before me on this 30 day of July, 1941

(SEAL) ..... Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

142-213-025-219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317219
Local Reg. No. 5
Reg. Dist. No. 240

JUL 31 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county x years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address Grangeville, Ida.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Olive C.Mason

5. Date of Birth (Month, day year) July 13, 1900

6. Sex Female

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Mason
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Palomuth (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Karnes
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Pullman (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 15-1941 (Date received) (b) B Chipman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lettie Mason, being first duly sworn, say that I am Related (Related to (or) acquainted with) Olive C.Mason Mc.Kinnon (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs.M.K.Holbrook (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lettie Mason Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of July, 19 41

(SEAL) M Rothwell Notary Public, residing at Grangeville-Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

718-108-001-281

317283

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317283
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D.No. 5-
   (d) Name of Hospital or Maternity Home:
   Born at home. So Boise
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county 12 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D.No. R.D. 5-
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address 1010 Denver St

3. **RESIDENCE of FATHER** (city, state) Cal

4. **FULL NAME OF CHILD** William Hurel Payne

5. Date of Birth (Month, day year) Dec 8th 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Wm John Hurel Payne
11. Color or Race white English
12. Age at time of THIS birth 24 yrs.
13. Birthplace Plymouth England (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business Common Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Shangle
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Dillon Montana (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
    (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Pulaski (First name) (Last name) who is related to this child as ____ (Mother etc)

26. (a) AUG 7 1941 (Date received) (b) Mabel H Eleffer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Pulaski, being first duly sworn, say that I am related to (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lillian Pulaski Signature
1010 Denver St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of August 1941

(SEAL) Wm E. Dunbar Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

556-107-028-367

317285

317285

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. (Rural) St.
(If born in hospital or institution give name.)

Registration District No. 121 State File No.
Prim. Registration District No. Local Registrar's No. 289

2. FULL NAME OF CHILD Edwin Harrison Newton

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes | 8. Date of birth February 7, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Silas Wesley Newton	18. Full maiden name: Alice Pearl Copsey
10. Residence (usual place of abode) (If non-resident, give place and State): Harrison	19. Residence (usual place of abode) (If non-resident, give place and State): Harrison
11. Color or race: W | 12. Age at last birthday: 20 (years)	20. Color or race: W | 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Oconto County, Wisconsin	22. Birthplace (city or place) (State or Country): Furnace County, Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Woodsman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19..	25. Date (month and year) last engaged in this work ..., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) ..., M. D.
or Silas W. Newton, Father ..., Midwife
Address Clackama, Oregon

Filed 8-7-1941, 193.. Fay P. Thomas Deputy Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Silas W. Newton being first duly sworn says that he is the father (Relationship of child)* of Edwin Harrison Newton born February 7, 1900 (Date of birth) at Harrison, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edwin Harrison Newton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Busby, M. D., was the Midwife medical attendant at the birth of said Edwin Harrison Newton and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Silas W Newton

P. O. Address Clackamas, Oregon

Subscribed and sworn to before me this 7 day of Aug, 19[illegible]

Clerk of the District Court
Ex-Officio Auditor and Recorder
Jas O. Foster
Notary Public.

Residing at By Jos. C. White, Deputy Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

989-121-040

United States 554 (Be sure the information is as of date of birth of THIS child) State File No. 317329
Department of Commerce JUN 24 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Was born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1900 years July month 21 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Wardner, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dan Steve Ryzek
5. Date of Birth (Month, day, year) July 21, 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full time
9. Legitimate? 1

FATHER OF CHILD

10. **FULL NAME** Steve B. Ryzek
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Austria (State or foreign country)
14. Exact Occupation Miner - now deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Nemenich
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Austria (State or foreign country)
20. Exact Occupation Housewife now deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Barbara Kouba, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Dan Steve Ryzek (Name of person on certificate above) as intimate acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth none (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Barbara Kouba Signature
Pasco, Washington P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1941

(SEAL) James P. Gahn - U.S. Commissioner ~~Notary Public~~, residing at Pasco, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 8 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-130-003-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 317340

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 2 yrs.
(f) Mother's mailing address Grace Idaho

3. **RESIDENCE of FATHER** (city, state): Dead

4. **FULL NAME OF CHILD** Theodore Morvan Medford

5. Date of Birth (Month, day, year) Dec 30-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Medford
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Corean utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Harris
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Richmond utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 12 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude H Medford, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Theodore Morvan Medford (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Stoddard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gertrude Harris Medford Signature

Grace Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of August 1941

(SEAL) Louise Thomas Notary Public, residing at Klamath Falls Oregon

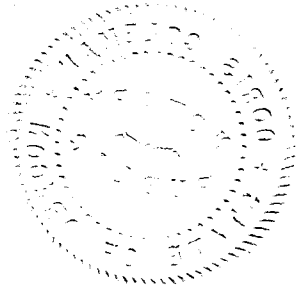
MY COMMISSION EXPIRES MARCH 29, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-13-4-004-287

317399

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Montpelier, Ida

3. RESIDENCE of FATHER (city, state) Montpelier

4. FULL NAME OF CHILD BERT KEENEY

5. Date of Birth (Month, day year) Nov. 24, 1900

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Updegraff Keeney
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Carlisle, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Ann Kygar
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Oswego, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel M. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Kygar Keeney, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Bert Keeney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie Kygar Keeney Signature
408 So. 4th Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of August, 19 41

(SEAL)

Leslie M. Field Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

24-117-035-453

317441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 8 BM

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Culdisack
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. remained at home
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdisack
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address gen Del

3. **RESIDENCE of FATHER** (city, state): Culdisack. Idaho.

4. **FULL NAME OF CHILD** William Fredrick Kidwell

5. Date of Birth (Month, day, year) 7-17-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James henry. Kidwell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Greenfield. Mo . Dade Co (City or town) (State or foreign country)
14. Exact Occupation Bldgn Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora. Metsker
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marysville Mo [illegible] Idaho. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead nome (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 5 p M. on the date and at the place stated above, and that personal particulars were furnished by Flora. Kidwell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington. }
County of Yakima. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora. Kidwell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) William Fredrick Kidwell (Name of person on certificate above) my Son. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Watson. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Flora Kidwell Signature

Wapato. Washington. P. O. Address

Subscribed and sworn to before me on this 6 day of August., 19 41

(SEAL) [signature] Notary Public, residing at Wapato.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-119-029-658

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317451
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D.No. 842 East Seventh St
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 13 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D.No. 842 East Seventh St
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address as above

3. **RESIDENCE of FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Alfred Leonard Anderson

5. Date of Birth (Month, day year) November 19, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Fritjof Anderson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Tjelmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Delivery man
15. Industry or Business Grocery business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Ellevina Weholt
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Faith (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Knowledge
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) AUG 9 1941 (Date received) (b) Mabel V. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna E Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alfred Leonard Anderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.L. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna E Anderson Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of August, 1941

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

236-107-036-761

317486

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 541

1. **PLACE OF BIRTH**
(a) County ~~Franklin~~ Oneida (b) City Franklin
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Leland Goslind Stockdale

5. Date of Birth (Month, day year) April 7, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Stockdale

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Suffich England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Zina Goaslind

17. Color or Race white

18. Age at time of THIS birth 30 yrs

19. Birthplace Franklin Idaho
(City or town) (State or foreign country)

20. Exact Occupation H.W.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Stockdale, who is (First name) (Last name)
related to this child as Father (Mother, etc.)

26. (a) Aug 10-41 (Date received) (b) H. W. Slater (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Franklin } ss.

I, Wm Stockdale being first duly sworn, say that I am related to (Related to (or) acquainted with)
Leland Goslind Stockdale as father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Morgan who attended (Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Wm Stockdale Signature
Franklin, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of Aug 1941

(SEAL) Leon T. Johnson Notary Public, residing at Preston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

533 107022 893

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317506
Local Reg. No.
Reg. Dist. No.

AUG 13 1941

1. PLACE OF BIRTH
(a) County Jefferson (b) City Lewisville Fremont
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville Fremont
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Lewisville, Ida.

4. FULL NAME OF CHILD Charles Lloyd Ellsworth

5. Date of Birth (Month, day year) April 7, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Elliott Ellsworth
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hilliard (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Luese Hill
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles E Ellsworth, being first duly sworn, say that I am Father (Related to (or) acquainted with) Charles Lloyd Ellsworth (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Brian (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles E Ellsworth Signature
Lewisville Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of August 1941.

(SEAL)

Oscar Berne Justice of the Peace Notary Public, residing at Lewisville

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

592 117 001-693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise RI
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 10th St.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Boise RI

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD George Ernest Nibler

5. Date of Birth (Month, day year) May 17 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Nibler
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Cloud (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Amanda Wilson
17. Color or Race
18. Age at time of THIS birth 30 yrs
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 15 - 1941 (Date received) (b) Mabel Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet A. Nibler, being first duly sworn, say that I am related to (Related to (or) acquainted with)
George Ernest Nibler as his mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee, who attended
(Name of attendant at birth)
said birth is now deceased. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Harriet A. Nibler Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of August, 19 41

(SEAL) Wm. B. Dunn Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413 211-003-254

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City BLACK FOOT
(c) Street Address or R.F.D.No. NONE
(d) Name of Hospital or Maternity Home: FARM HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 2 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City BLACK FOOT
(d) Street Address or R.F.D.No. NONE GEN DEL
(e) How long has MOTHER lived in Idaho? 2 yrs 8 mo. yrs.
(f) Mother's mailing address GEN. DEL.

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD ERNESTINE MACHOLD
5. Date of Birth (Month, day year) 11-11-1900
6. Sex FEMALE
7. Twin or Trip'et — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CARL HERMAN MACHOLD
11. Color or Race CAUCASIAN
12. Age at time of THIS birth 33 yrs.
13. Birthplace COLUMBUS, OHIO (City or town) (State or foreign country)
14. Exact Occupation FARMER & PRINTER
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME LOUISE AGNES KEMMERLING
17. Color or Race CAUCASIAN
18. Age at time of THIS birth 30 yrs
19. Birthplace STERNBERG, UNTERFRANKEN (City or town) BAVARIA GERMANY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

AUG 13 1941

26. (a) ..... (Date received) (b) Maud T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LOUISE AGNES MACHOLD being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MRS. ERNESTINE MACHOLD PENDARVIS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS BOHM (Name of attendant at birth), who attended said birth CAN NOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Agnes Machold Signature
1712 So. KINGSLEY DR. P. O. Address

Subscribed and sworn to before me on this 9TH day of August, 1941

(SEAL) J. L. Frasher J. L. FRASHER Notary Public, residing at Los Angeles

My Commission Expires May 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692.106 035-258 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317572
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Mt Perch (b) City Near Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Mt Perch
(c) City Near Orofino
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Orofino Idaho

3. RESIDENCE of FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD Carl Fisk

5. Date of Birth (Month, day, year) Aug. 6, 1900

6. Sex M.

7. Twin or Triplet ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Del Fisk
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rochester (City or town) Vermont (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda J. Snyder
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Harmon (City or town) West Va. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hulda J. Snyder Fisk (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Hulda J. Fisk M.D. (D.O., Midwife, etc.)
and address Orofino Date 7/28/41

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Del Fisk & Hilda J. Fisk, being first duly sworn, say that they are related (Related to (or) acquainted with) Carl Fisk (Name of person on certificate above) as Father & Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Del Fisk Signature
Hulda J. Fisk P. O. Address

Subscribed and sworn to before me on this 28 day of July 1941

(SEAL) Frank [illegible] Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 108 006 363

United States
Department of Commerce
Bureau of Census AUG 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318694
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2 Mi. S.W.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 3 years ____ month ____ days 4 Home

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2 mi. S.W.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Leon Earl Thompson

5. Date of Birth (Month, day, year) Sept 8, 1900

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. H. Thompson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grand Junction (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Milvina Lockhard Thompson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bureau Co Illinois. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie M Thompson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel H Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature [redacted], M.D. (D.O., Midwife, etc.)
and address [redacted] Date 5-31-41

State of Montana } ss.
County of Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie M Thompson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leon Earl Thompson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Thos Lane (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie M. Thompson Signature
Polson Montana P. O. Address

Subscribed and sworn to before me on this 16 day of July 1941

(SEAL) John W Clerie Notary Public, residing at Polson, Mont.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 20 1941

State File No. 318838

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Lincoln.
(c) City Shoshone.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Shoshone, Idaho.

3. RESIDENCE of FATHER (city, state) Father now deceased.

4. FULL NAME OF CHILD Charles William Wernecke.

5. Date of Birth (Month, day year) March 5, 1900.

6. Sex Male.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles W. Wernecke.

11. Color or Race German.

12. Age at time of THIS birth 53 yrs.

13. Birthplace Goldburg. (City or town) Germany. (State or foreign country)

14. Exact Occupation Merchant.

15. Industry or Business Merchant.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Downs.

17. Color or Race White.

18. Age at time of THIS birth 23 yrs.

19. Birthplace Detroit, (City or town) Michigan. (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or ~~Business~~ Housewife. since this birth.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead Nil. (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature, M.D. (D.O., Midwife, etc.) and address Date

State of Idaho, County of Lincoln. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Wernecke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles William Wernecke (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Baugh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Wernecke Signature

P. O. Address

Subscribed and sworn to before me on this 19th day of August, 1941.

(SEAL) Chas B. Haddock Notary Public, residing at Shoshone, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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318842

United States
Department of Commerce
Bureau of the Census

AUG 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Wm Isaacs
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 6 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....(b) County.....
(c) City Washington D.C.
(d) Street Address or R.F.D. No. 15 E. at W. W.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address same as above
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** William Edwood Leroy Flood
5. Date of Birth (Month, day, year) Feb. 10 - 1900
6. Sex. male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Cowell Flood
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Decatur - Illinois (City or town) (State or foreign country)
14. Exact Occupation Electrical Engineer
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Edith Fowler
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Montgomery Co. Md. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Aug 19-1941 (Date received) (b) Mabel H. Edler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose E. Flood, being first duly sworn, say that I am.....(Related to (or) acquainted with) William Edwood Leroy Flood (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Edith Flood Name
Bellevue Hotel - W. 20 P. O. Address

Subscribed and sworn to before me on this 18th day of August

(SEAL) ..... Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

AUG 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318844
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 54 yrs.
(f) Mother's mailing address Arimo, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Lena Mildred Myers

5. Date of Birth (Month, day year) Jan. 23 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Myers
11. Color or Race white
12. Age at time of THIS birth 62 yrs.
13. Birthplace Zurich (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Elizabeth Bieri
17. Color or Race white
18. Age at time of THIS birth 42 yrs
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 19 1941 (Date received) (b) Mary H. Keller (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Bannock } ss.

I, Elizabeth Loveland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lena Mildred Myers (Name of person on certificate above), as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nancy Marley (Name of attendant at birth), who attended said birth Is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Loveland Signature
1137½ E. Lewis St., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of August 1941

(SEAL) J. A. McQuillen Notary Public, residing at Pocatello, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

AUG 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Nampa Ida

3. RESIDENCE of FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Lawrence Percival Monce.

5. Date of Birth (Month, day year) Oct. 3, 1900.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Harry G. Monce.
11. Color or Race White
12. Age at time of THIS birth 30+ yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farm Owner
15. Industry or Business Nurseryman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lucretia Morden
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gore Bay (City or town) Canada (State or foreign country)
20. Exact Occupation Restaurant Cook
21. Industry or Business Cook, farmer.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sod. Cy. Inst.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha L Monce (First name) (Last name), who is related to this child as Mother (Mother, etc.)

AUG 27 1941

26. (a) ..... (Date received) (b) Naval T. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida. Date Aug 27 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Christopher Sterry Hurtt

5. Date of Birth (Month, day year) June 2nd 1900

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Bertram Hurtt
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cerro Gordo (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Sterry
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pontiac (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jessie Hurtt, being first duly sworn, say that I am related (Related to (or) acquainted with) Christopher Sterry Hurtt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. S. Williamson (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Hurtt Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1941
(SEAL) O. E. Thaw Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.
(f) Mother's mailing address Cataldo, Idaho

3. RESIDENCE of FATHER (city, state) Cataldo, Ida.

4. FULL NAME OF CHILD Ellen Elleanora Johnson

5. Date of Birth (Month, day year) 9/14/1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred W. Johnson

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Phillipstad (City or town), Sweden (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mathilda Hokanson

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Gunarskog (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) AUG 22 1941 (Date received) (b) Harry H. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of WASHINGTON } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alfred W. Johnson, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Ellen Elleanora Johnson (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sam Mack (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alfred W. Johnson Signature

Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 19th day of August, 1941

(SEAL) L. H. Hammer Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of Marysville
No.

AUG 22 1941

Registration District No. ____ State File No. 318951

(If born in hospital or institution give name.)

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elmer Herman Fix

3. Sex: Male

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth April 13, 1900 (Month, Day, Year)

FATHER

9. Full name John E. Fix

10. Residence (usual place of abode) (If non-resident, give place and State) Marysville, Idaho

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Nebraska (State or Country) Madison County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Present time, 1900

17. Total time (years) spent in this work Born on Farm

MOTHER

18. Full maiden name Magdelena Kimmerle

19. Residence (usual place of abode) (If non-resident give place and State) Marysville, Idaho

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Fathers Home

25. Date (month and year) last engaged in this work Until Married, 1895

26. Total time (years) spent in this work 20 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed AUG 22 1941, 193 ____

Registrar.

Registrar.

8-22-41

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG 22, 1941

State of Washington
County of Mason } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Fix-Hamilton being first duly sworn says that

is the Sister of Elmer Herman Fix
(Relationship of child)*

born April 13 1900 at Marysville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Elmer Herman Fix desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elmer Herman Fix

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no knowledge M. D. was the Midwife medical attendant at the birth of said Elmer Herman Fix and that the said medical attendant is can not be located
(Now deceased (or) cannot be located)
Mother deceased and whereabouts of father unknown.

Name of Affiant Florence Fix Hamilton

P. O. Address Route #1, Shelton, Wash.

Subscribed and sworn to before me this 8th day of August, 1941, 19

Notary Public.

Residing at Shelton, Wash. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

8-22-11

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home:
born at his own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. none
IN **THIS** county 18 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D.No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address White Bird, Idah

3. **RESIDENCE of FATHER** (city, state) White Bird Idaho

4. **FULL NAME OF CHILD** Harold Franklin Ames

5. Date of Birth (Month, day year) Mar. 30, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Rial Ames

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Peoria, Ill. (City or town) (State or foreign country)

14. Exact Occupation laboror

15. Industry or Business -----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Luisia Sills

17. Color or Race white

18. Age at time of THIS birth 18 yrs

19. Birthplace Orangeville, Idaho (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead --- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) AUG 21 1941 (Date received) (b) Mabel H. Fosket (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Nellie Richey, being first duly sworn, say that I am acquainted (Related to (or) acquainted with)
Harold Franklin Ames (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. A. Foskett M. D., who attended said birth is now decesaed (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Nellie Richey Signature
White Bird Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Aug. 1941

(SEAL) ..... Notary Public, residing at Grangeville

K-2-1-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318994
Local Reg. No.
Reg. Dist. No.

AUG 25 1941

1. PLACE OF BIRTH: (a) County ~~Nez Perce~~ Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Nez Perce~~ Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? nine yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Myron Guy Kinkaid

5. Date of Birth (Month, day, year) Sept 18 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, ~~2nd,~~ 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Kinkaid
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Buffalo (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy May Kays
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Creston (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 3
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy May Kinkaid, being first duly sworn, say that I am Mother related (Related to (or) acquainted with) Myron Guy Kinkaid (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bibby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Daisy May Kinkaid Signature
Vaughn, Wash P.O. Address

Subscribed and sworn to before me on this ..... day of Aug, 1941

(SEAL) M. Carl Nielsen Notary Public, residing at Gig Harbor

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

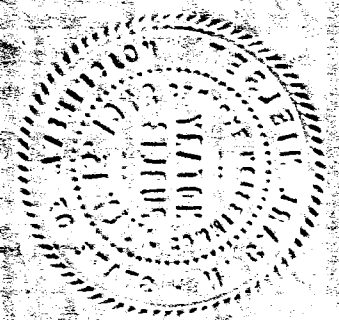
8/30/147

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 8)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319005

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City Cottonwood
(c) Street Address or R.F.D.No. unknown
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days
IN THIS county ..... years 2 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D.No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MARGUERITE ESTHER DANIELS

5. Date of Birth (Month, day year) II/7/1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Edward Daniels	16. FULL MAIDEN NAME Elva Victoria Richardson
11. Color or Race white — 12. Age at time of THIS birth 24 yrs.	17. Color or Race white — 18. Age at time of THIS birth 22 yrs
13. Birthplace London (City or town) Canada (State or foreign country)	19. Birthplace Lebanon (City or town) Oregon (State or foreign country)
14. Exact Occupation Minis ter M. E. Church	20. Exact Occupation housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Phys ician dead no midwife M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Edward Daniels, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marguerite Esther Daniels (Name of person on certificate above) as parent (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Turner (Name of attendant at birth), who attended said birth is now deceas ed (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Edward Daniels Signature
Fontana, California P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941.

(SEAL) Roy E. Bundge Notary Public, residing at Fontana Calif.
Justice of the Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
(f) Mother's mailing address Marysville

3. RESIDENCE of FATHER (city, state) " Idaho

4. FULL NAME OF CHILD Earl Stephen Larsen

5. Date of Birth (Month, day year) Sept. 17, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Larsen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie C. Christiansen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hurmista Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10 ✓
(c) Born alive and now dead 2 ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel T. Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annie C. Larsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earl Stephen Larsen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Delia Whittle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie C. Larsen Signature
P. O. Address

Subscribed and sworn to before me on this 25 day of August, 1941
(SEAL) Earl E. Dorothy Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/2-141

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-129 003-168

319056

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

25 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City CHESTERFIELD
(c) Street Address or R.F.D.No. ~~~
(d) Name of Hospital or Maternity Home:
(BORN IN PRIVATE RANCH HOME)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 15 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City CHESTERFIELD
(d) Street Address or R.F.D.No. ~~~
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address CHESTERFIELD, IDA

3. RESIDENCE of FATHER (city, state) CHESTERFIELD IDAHO

4. FULL NAME OF CHILD HAROLD RAYMOND WEST

5. Date of Birth (Month, day year) SEPT. 29, 1900

6. Sex MALE

7. Twin or Triplet ~~~ If so—born 1st, 2nd, 3rd ~~~

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES SPENCER WEST
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace PARAWAN, UTAH (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business CATTLE RAISING

MOTHER OF CHILD

16. FULL MAIDEN NAME CELESTIA JOHNSON
17. Color or Race WHITE
18. Age at time of THIS birth 39 yrs
19. Birthplace SPRINGVILLE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOME MAKER
21. Industry or Business AT CATTLE RANCH

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE USED
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at — — M. on the date and at the place stated above, and that personal particulars were furnished by CELESTINE W. TOMLINSON (First name) (Last name), who is related to this child as AN OLDER SISTER (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel F. Eifer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature (DECEASED) ~~~ ~~~, Midwife, ~~~
and address — Date —

State of IDAHO
County of BINGHAM } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CELESTINE WEST TOMLINSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HAROLD RAYMOND WEST (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. RUTH DAVIDS (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Celestine West Tomlinson Signature
116 NORTH FISHER - BLACKFOOT, IDAHO P. O. Address

Subscribed and sworn to before me on this FIFTEENTH day of AUGUST, 1941

(SEAL) Stanley M Brown Notary Public, residing at BLACKFOOT, IDA.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

762-123019866

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319086

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Clayton, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Clayton, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Louie Gossi

5. Date of Birth (Month, day year) 7-23-00

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Philip Gossi

11. Color or Race White **12.** Age at time of THIS birth 40 yrs.

13. Birthplace not known (City or town) Italy (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Howell

17. Color or Race white **18.** Age at time of THIS birth 30 yrs.

19. Birthplace Oxford, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 29 1941 (Date received) (b) Mabel T. Fuller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George W. Gossi, being first duly sworn, say that I am related (Related to (or) acquainted with) to Louie Gossi (Name of person on certificate above) as older Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Roseanna Webb (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Geo W. Gossi Signature

Clayton, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of August, 19 41

(SEAL) John Boyd, Ex-Officio Recorder, Notary Public, residing at Challis, Idaho
Custer County, Idaho By Frank Burstedt, Dept.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635718 022-719

319173

United States
Department of Commerce
Bureau of Census

AUG 22

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years 6 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address St. Anthony, Ida.

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD Custer Paul Fletcher,

5. Date of Birth (Month, day year) Oct. 18, 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Paul Fletcher
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa City, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Ann /Parke
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City, (City or town) Utah. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living no (c) Born alive and now dead 3 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Eunice Ann Fletcher, (First name) (Last name) who is related to this child as Mother (Mother, etc.)
26. (a) AUG 22 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eunice Ann Fletcher, being first duly sworn, say that I am related, (Related to (or) acquainted with) ..... as Mother, (State relationship or acquaintance) whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Middleton (Name of attendant at birth) who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eunice Parke Fletcher Signature
Paul Fletcher P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941
(SEAL) [signature] Notary Public, residing at St. Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Dingle Idaho

3. RESIDENCE of FATHER (city, state) Ogden Utah

4. FULL NAME OF CHILD Parley Emerson George

5. Date of Birth (Month, day year) July 30 1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Reuben George
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Meadow (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jolick
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation House hold duties.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 3 1941 (Date received) (b) Maud E Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Jolick George, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Parley Emerson George (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Sparks (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Martha Jolick George Signature
Ogden Utah P. O. Address

Subscribed and sworn to before me on this 25 day of August, 1941.

(SEAL)

Ralph Poulton Notary Public, residing at Ogden Utah.

AUG 25 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census SEP 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319254
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Salubria, Vally
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 18 years 9 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Salubria, Ida.

3. RESIDENCE of FATHER (city, state) Salubria, Ida

4. FULL NAME OF CHILD William Michael Hannan

5. Date of Birth (Month, day year) Jan. 21, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yea

FATHER OF CHILD

10. **FULL NAME** Martin Vanburen Hannan
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Stockton, California (City or town) (State or foreign country)
14. Exact Occupation Run a Pool Hall
15. Industry or Business Pool Hall

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Catherine Babb
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Osage County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10 (c) Born alive and now dead One (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) SEP 3 1941 (Date received) (b) Mabel F. Eeifer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nancy C. Hannan, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Michael Hannan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Cole (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy C Hannan Signature
Silverton Oregon P. O. Address

Subscribed and sworn to before me on this 30th day of July 1941
(SEAL) [signature] Notary Public, residing at Silverton Or.

NOTARY PUBLIC FOR OREGON
My Commission expires Jan. 15, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lenland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years No month No days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Lenland Idaho

3. RESIDENCE of FATHER (city, state) Lenland Ida

4. FULL NAME OF CHILD Doyle Fender

5. Date of Birth (Month, day year) June 1. 1900

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Newton Fender

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Bell Standiford

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Knoxville (City or town) Knox Co. Ill. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) SEP 10 1941 (Date received) (b) Doris T Fender (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Nez Perce } ss.

I William Fender, being first duly sworn, say that I am related (Related to (or) acquainted with) Doyle Fender (Name of person on certificate above) as father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rockwell (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Fender Signature
Lewiston, R 2 Box P. O. Address

Subscribed and sworn to before me on this ..... day of ..... 19..

(SEAL) John L. Kelley Notary Public, residing at Lewiston, Ida.

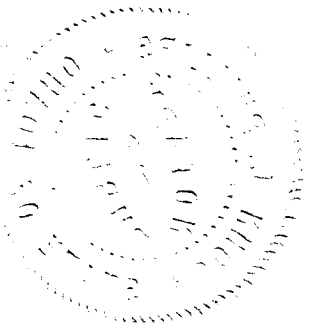
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319415

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 12 1941

1. **PLACE OF BIRTH:** Nezperce
   (a) County Lewis (b) City near Nezperce
   (c) Street Address or R.F.D No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City Nezperce Nezperce
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.
   (f) Mother's mailing address Nezperce, Idaho

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Olga H Thorsen

5. Date of Birth (Month, day, year) Nov 13, 1900

6. Sex. F

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tollef O Thorsen
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Larsen
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace (City or town) Alborge Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Laura Thorsen (First name) (Last name), who is related to this child as mother (Mother, etc.)

SEP 12 1941

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Thorsen, being first duly sworn, say that I am related (Related to (or) acquainted with) Olga H Thorsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Powell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs. Laura L Thorsen Name

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of September

(SEAL) Notary Public, residing at Nezperce Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by the affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest akin or guardian, or some person having direct knowledge of the premises.

389 212 003 962

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319483
Local Reg. No.
Reg. Dist. No.

SEP 11 1941
Bannock

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Henry
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Henry Bannock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.
(f) Mother's mailing address Henry, Idaho

3. **RESIDENCE of FATHER** (city, state): Henry, Idaho

4. **FULL NAME OF CHILD** Lillian Lumley Christensen

5. Date of Birth (Month, day, year) July 12, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Christensen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ross
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Newcastle (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Heatley, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Lillian Lumley Christensen (Name of person on certificate above) as Friend of family (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. T. Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Heatley Signature
R.F.D. #1 - Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1941

(SEAL) A E Harger Notary Public, residing at Salt Lake City

My Commission Expires Dec. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-213 025-331

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319492
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) ~~Street Address or~~ R.F.D.No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home -- days. IN **THIS** county 16 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D.No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Esther Ruth Kerlee

5. Date of Birth (Month, day year) November 13, 1900

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Larkin Howard Kerlee
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Near Taylorsville, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farming and Stock raising
15. Industry or Business Wheat and stock farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Clarke
17. Color or Race White **18.** Age at time of THIS birth 24 yrs
19. Birthplace Garnett Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel H. Kelfer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. H. Kerlee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Ruth Kerlee (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. F. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Larkin Howard Kerlee Signature
R.F.D. 1, Springfield, Oregon P. O. Address

Subscribed and sworn to before me on this 16th day of July, 1941

(SEAL) Lucile Conniff Notary Public, residing at Eugene, Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

483-126 001-792

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Near Nampa
(c) Street Address or R.F.D. No. County Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county / years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Near Nampa
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? / yrs.
(f) Mother's mailing address Rural Route, Nampa

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Louie Albert Mycon

5. Date of Birth (Month, day year) July 26-1900

6. Sex Boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Albert Mycon
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Warsaw (City or town) Poland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Pisut
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Budapest (City or town) Austria (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at home P.M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia S. Brault (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) SEP 12 1941 (Date received) (b) Mark H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of Spokane }

I, Cecelia S. Brault, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louie Albert Mycon (Name of person on certificate above) as Older Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (name not known) (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Cecelia S. Brault Signature
N 2434 Stevens Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 16 day of Sept, 1941.
(SEAL) Winnifred McPherson Notary Public, residing at Spokane

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau~~ of Vital ~~Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH formerly Ney Perce
(a) County Lewis (b) City Ilo now Craigmont
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ney Perce now Lewis
(c) City Ilo now Craigmont
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address above

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Blanche Rosalee Bovey
5. Date of Birth (Month, day year) Apr 2, 1900
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William August Bovey	16. FULL MAIDEN NAME Ota May Poulson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.	17. Color or Race White 18. Age at time of THIS birth 22 yrs
13. Birthplace Tama City (City or town) Iowa (State or foreign country)	19. Birthplace Montpelier (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer & stockman	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Mabel T Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ota May Bovey, being first duly sworn, say that I am Mother (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nurse Mrs Seeger (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ota May Bovey Signature
Craigmont Ida P. O. Address

Subscribed and sworn to before me on this 4 day of Sept 1941
(SEAL) Eugene Lange Notary Public, residing at Craigmont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

763120 022815

319537

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319537

Local Reg. No.

Reg. Dist. No.

SEP 12, 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Menan Idaho

3. RESIDENCE of FATHER (city, state) Menan Ida.

4. FULL NAME OF CHILD William Leonard Polson

5. Date of Birth (Month, day year) 10/20/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Washington Polson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Manti (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Elsie Hansen

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Brigham City (City or town) Utah (State or foreign country)

20. Exact Occupation Home Maker.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 12 1941 (Date received) (b) Mabel H Eccles (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Jefferson }

I, George Washington Polson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Leonard Polson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Fox (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Geo. W. Polson Signature

Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of September, 1941

(SEAL) John V Hinton Notary Public, residing at Jerrett. Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-113 044 212

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) SEP 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319550
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Percy Marion Johnston

5. Date of Birth (Month, day year) March 13, 1900

6. Sex male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marion Johnston

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Scranton, Pa. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zella Ellen Babington

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Cove, Oregon (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 12 1941 (Date received) (b) Maurel Keeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph R. Numbers M.D. (D.O., Midwife, etc.) and address Boise Id. Date Sept 16 1941

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Zella Ellen Johnston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Percy Marion Johnston (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Numbers (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Zella Ellen Johnston Signature

10405 56th St. S. Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 10th day of September 1941.

(SEAL) X ..... Notary Public, residing at Portland, Oregon.

MY COMMISSION EXPIRES OCT. 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 18 1941

693 229 041 652

#319604

United States Department of Commerce Bureau of Census — SEP 24 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 13 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Victor Idaho

3. RESIDENCE of FATHER (city, state) Victor Idaho

4. FULL NAME OF CHILD Nellie Electa Wilson

5. Date of Birth (Month, day year) 6-29-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** William Wilson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elliate Webb
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 0 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mary H Edwards (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of IDAHO, County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva W. Nichols, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Electa Wilson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nelle Sinclair (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva W Nichols. Signature

Wilder, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941.

(SEAL) Mary H Edwards Notary Public, residing at Boise, Idaho

My commission expires Nov. 6, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-201-040-267

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319755
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Jean
(c) Street Address or R.F.D. No. Jean
(d) Name of Hospital or Maternity Home: At our own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Jean
(d) Street Address or R.F.D. No. no name
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Jean

3. **RESIDENCE of FATHER** (city, state) Jean Idaho

4. **FULL NAME OF CHILD** Grace Beatrice Rineberg

5. Date of Birth (Month, day, year) 1st January 1900

6. Sex Girl

7. Twin or Triplet

If so—born 1st ~~2nd~~ ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Rineberg
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hallsberg (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Sophia
17. Color or Race White Caucasian
18. Age at time of THIS birth 22 yrs.
19. Birthplace Norgen (City or town) Sweden (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel I Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho ~~B. C.~~
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John B Rineberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Grace Beatrice Rineberg Lopez (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stone (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John B. Rineberg Signature
Athol B. C. Canada P. O. Address

Subscribed and sworn to before me on this 11th day of August 1941

(SEAL) J. Williams Notary Public, residing at Athol B.C.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-210044 793

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

SEP 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address Middle Valley Ida

3. **RESIDENCE of FATHER** (city, state) Middle Valley Ida

4. **FULL NAME OF CHILD** Dorothy Elizabeth Ader

5. Date of Birth (Month, day year) Mar 10, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Ader
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Princeton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Pickett
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Ravanna (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel H Loder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Ader, being first duly sworn say that I am mother (Related to (or) acquainted with) Dorothy Elizabeth Ader (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Loder (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Ader Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of September 1941

(SEAL) J. Wes Goodnight Notary Public, residing at Midvale Idaho

APR 10 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

437-126-025-893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320923
Local Reg. No.
Reg. Dist. No.

SEP 22 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City Mt Idaho
(c) Street Address or R.F.D.No. Mt Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt Idaho
(d) Street Address or R.F.D.No. Mt Idaho
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address San Pedro, Calif

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Nickolas James McGree
5. Date of Birth (Month, day year) Mar 26 - 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Nickolas James McGree
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Baltimore (City or town) Maryland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Helen Hickey
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Jerryvill (City or town) Jersy Co. Ill. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth McGree, being first duly sworn, say that I am Related (Related to (or) acquainted with) Nickolas James McGree (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr S. E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Helen McGree Signature
941 Sepulveda St. San Pedro, Calif P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941
(SEAL) William Starr Baldwin Notary Public, residing at San Pedro, Calif.
Commission Expires Dec. 16, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321038
Local Reg. No.
Reg. Dist. No. 140

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 170 King St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 9 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 170 King St
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address 3259 Lynde St. Oakland

3. RESIDENCE of FATHER (city, state) dead Cal.

4. FULL NAME OF CHILD Wallace Martin Peterson

5. Date of Birth (Month, day year) July 15 - 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter J. Peterson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Hamilton
17. Color or Race white
18. Age at time of THIS birth 15 yrs.
19. Birthplace Stevensville (City or town) Mont. (State or foreign country)
20. Exact Occupation housemaid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Melville (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) SEP 24 1941 (Date received) (b) Mabel F. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Melville, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wallace Martin Peterson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Melville Signature
3259 Lynde St. Oakland P. O. Address

Subscribed and sworn to before me on this 19th day of Sept., 19 41. Cal.
(SEAL) Bessie R. Wallman Notary Public, residing at Oakland, Calif.
My Commission Expires June 28, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Wardner, Ida.

4. FULL NAME OF CHILD Harold Edward Linney

5. Date of Birth (Month, day year) Jan. 21, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Linney

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Concordia, (City or town) Kansas (State or foreign country)

14. Exact Occupation Mining engineer

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Augusta Schulenberg

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Wanewak, (City or town) Wisconsin (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Ruth H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clara A. Linney, being first duly sworn, say that I am related (Related to (or) acquainted with) Harold Edward Linney (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Whiting (Name of attendant at birth), who attended said birth has been deceased 3 years (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara A. Linney Signature

2184 Pine Avenue, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 15th day of September, 1941.

(SEAL) Ruth C. Day Notary Public, residing at Long Beach, Calif.

MAR 4 1942

SEP 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Payette

3. RESIDENCE of FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Juanita Mae Decker

5. Date of Birth (Month, day year) Nov 28 1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Decker

11. Color or Race White **12.** Age at time of THIS birth 43 yrs.

13. Birthplace Holland (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary ann Jonker

17. Color or Race White **18.** Age at time of THIS birth 34 yrs.

19. Birthplace Berkshire Mass — (City or town) (State or foreign country)

20. Exact Occupation Home Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) Sept 30-1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of New York } ss.
County of Monroe }

I, Mary Ann Decker Doland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Juanita Mae Decker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Delano (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Decker Doland Signature
1525 South Avenue P. O. Address

Subscribed and sworn to before me on this 26 day of September 19 41

(SEAL) Edward A Miller Notary Public, residing at Rochester N Y

11-1-41

JUL 13 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 112 025 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321201

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R F D No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Frank Ferdinand Kalin

5. Date of Birth (Month, day, year) March 12, 1900

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Meinrad Kalin

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Ensidelin, Switzerland (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rosalie Jenni

17. Color or Race White

18. Age at time of THIS birth 41 years

19. Birthplace Berne, Switzerland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sept 29-1941 (Date received) (b) Mabel H Ensler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Santa Barbara

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, M. F. Kalin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Ferdinand Kalin (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 169, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father, Frank Kalin (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

M. F. Kalin Name

Lompoc, Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of May 1941

(SEAL) M. F. Kalin Notary Public, residing at Lompoc, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 129 029 393

321251

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Latah Freeze

City of ~~Freeze Palouse~~ OCT 13 1941

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

321251

CERTIFICATE OF BIRTH

RECEIVED

Registration District No. 65 State File No. _____

Prim. Registration District No. 2145 Local Registrar's No. _____

2. FULL NAME OF CHILD Edgar Fay Marsh

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth August 29, 1900 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name David Edgar Marsh	18. Full maiden name Nancy Evaline Tilley ~~Marsh~~
10. Residence (usual place of abode) (If non-resident, give place and State) Freeze	19. Residence (usual place of abode) (If non-resident, give place and State) Freeze
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) Brown County ? Indiana	22. Birthplace (city or place) (State or country) Meigs County Tennessee
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. own Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Black Smith Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work 5 yrs	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work 14 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) _____ M. D.

✓ or Mattie J. Freeze (Personally present) Midwife

Address 1955 Pierce Ave. West Los Angeles Cal.

Filed Nov. 14th, 1932 D. J. W. Thompson ~~Registrar.~~

The undersigned names personally were at or near the birth and testify for it having taken place.

NAME S M Stanner
ADDRESS Palatch Ida

NAME Mrs S M Stanner
ADDRESS Palatch Ida

Nancy E Marsh - Mother

593 126 007 364

321273

United States Department of Commerce Bureau of Census

OCT (Be sure the information is as of date of birth of THIS child) 1941

RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo yrs.
(f) Mother's mailing address Hailey

3. RESIDENCE of FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD George Ellsworth Nickerson

5. Date of Birth (Month, day year) 3-26-1900

6. Sex male

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Irwin Ellsworth Nickerson

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Augusta (City or town) Maine (State or foreign country)

14. Exact Occupation Interior decorator

15. Industry or Business Interior decorator

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Lydia Tout

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Lancaster county, Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Maud Nickerson Doyle (First name) (Last name), who is related to this child as mother.

26. (a) OCT 1 1941 (Date received) (b) Maud T Keeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Nickerson Doyle, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Ellsworth Nickerson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Case (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Nickerson Doyle Signature

Rupert, Idaho. P. O. Address

Subscribed and sworn to before me on this 30 day of Sept. 19 41.

(SEAL) Paul A Frueh Notary Public, residing at Rupert, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

992-113 022,483

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321280
Local Reg. No.
Reg. Dist. No.

SEP 11 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City Louisville
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wiley Monroe Irby
5. Date of Birth (Month, day year) Sept.13,1900
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Wiley Irby	16. FULL MAIDEN NAME Eliza Olivia Myler
11. Color or Race White 12. Age at time of THIS birth 30 yrs.	17. Color or Race White 18. Age at time of THIS birth 20 yrs
13. Birthplace Glenwood (City or town) Iowa (State or foreign country)	19. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Day laborer	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Iowa
County of Mills } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza Olivia Irby, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wiley Monroe Irby (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Brian (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza Olivia Irby Signature
Glenwood, Iowa P. O. Address

Subscribed and sworn to before me on this 8 day of Sept. 1941, 19

(SEAL) Clyde Rhoads Notary Public, residing at Glenwood, Ia.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266-108014-445

321285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH 1941
(a) County Canyon (b) City Nampa
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 15 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) ~~Street Address~~ or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Clifford Bazel Bown (BOWN)

5. Date of Birth (Month, day year) Mar 8, 1900

6. Sex Male 7. Twin or Triplet Single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Samuel Bown
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Waterloo (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Sophronia Duncan DUNCAN
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Hayfork (City or town) California (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Own farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of ~~[illegible]~~ Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert L. Bown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clifford Bazel Bown (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. A. Kohler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

My commission expires Jan 9th, 1942

Robert L Bown Signature
6035 S E Duke St Portland Ore P. O. Address

Subscribed and sworn to before me on this 30 day of Sept, 1941

(SEAL) Leonard Clough Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-209-032-513

321295

United States
Department of Commerce
Bureau of the Census

SEP 18 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise.
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital of Maternity Home: None.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City .....
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Louise Bostrom.

5. **DATE OF BIRTH** (Month, day, year) March 9th 1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edmund William Bostrom.
11. Color or Race White.
12. Age at time of THIS birth 48 yrs.
13. Birthplace Carlstad, Sweden
    (City or Town) (State or foreign country)
14. Exact Occupation Farmer and Cabinet-Builder
15. Industry Business Cabinet Builder for RR,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Helen Waldron.
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Chicago. (City or Town) Ill. — (State or foreign country)
20. Exact Occupation Housewife —
21. Industry or Business None —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3 Silver Nitrate 1% —
23. Number of children of this mother: (a) At time of birth and including this child 9x11 (b) Born alive and now living 9th
    (c) Born alive and now dead 2 (d) Stillborn No.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alv (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Sofia Bostrom, (First name) (Last name) who is related to this child as Sister. (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel H Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Boise, Ida. Date Sept 16/41

AUG 3 1 1955

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: None

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

[signature]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-105029 259

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321335
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 30 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Parents are dead

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Richard Farrington
5. Date of Birth (Month, day year) Dec. 5. 1900.
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9ms
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank Lincon Farrington
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Edith Ann Berreman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Missoure (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 30 1941 (Date received) (b) Mabel I. Geller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, J. Berreman, being first duly sworn, say that I am Related (Related to (or) acquainted with) James Richard Farrington (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

J. Berreman Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 26th day of Sept. 1941
(SEAL) A. M. Bogardus Notary Public, residing at Clarkston, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321351
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Resd.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Hutchinson, Minn.

3. RESIDENCE of FATHER (city, state) Madison, Minn

4. FULL NAME OF CHILD Volney Senescall Ames

5. Date of Birth (Month, day, year) 9-26-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Frank Stocking Ames	16. FULL MAIDEN NAME Mable Lillian Senescall
11. Color or Race White 12. Age at time of THIS birth 21 yrs.	17 Color or Race White 18. Age at time of THIS birth 24 yrs.
13. Birthplace Hutchinson (City or town) Minn. (State or foreign country)	19. Birthplace Hastings (City or town) Minn. (State or foreign country)
14. Exact Occupation Miller	20. Exact Occupation Housewife
15. Industry or Business Flour milling	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mabel F Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Wisconsin
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mable Lillian Ames, being first duly sworn, say that I am related to (Related to (or) acquainted with) Volney Senescall Ames (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Lillian Ames, Signature
Hutchinson, Minn P. O. Address

Subscribed and sworn to before me on this 25 day of September, 1941

(SEAL) Carl O. Schick Notary Public, residing at Minocqua, Oneida County, Wisc.

My Commission Expires March 19, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321393

United States
Department of Commerce
Bureau of Census

OCT 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Darby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Darby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Driggs

3. RESIDENCE of FATHER (city, state) Da Idaho.

4. FULL NAME OF CHILD Natalie Anna Pascoe.

5. Date of Birth (Month, day year) 3/1—1900

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Richard Pascoe
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Geissler
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Geneva, Switzerland (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christine G. Pascoe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Natalie Anna Pascoe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ed Beasley (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christine G. Pascoe Signature
R.D. #4 Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of October, 1941
(SEAL) [illegible] Notary Public, residing at Nampa Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Priest River
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Priest River
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Priest River, Idaho

3. RESIDENCE of FATHER (city, state) Priest River, Ida

4. FULL NAME OF CHILD Rudolph Naccarato

5. Date of Birth (Month, day year) July 17, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Naccarato
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer and Logger
15. Industry or Business farming & Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Teresa Bossio
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) OCT 9 1941 (Date received) (b) Mabel H. Geelen (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Naccarato, being first duly sworn, say that I am the father of (Related to (or) acquainted with)
Rudolph Naccarato (Name of person on certificate above) as Priest River (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Naccarato Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August, 1941

(SEAL) Richard McLean Notary Public, residing at Priest River, Id

My Commission Expires Jan 14 1943

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census Bingham

OCT 7 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bonneville~~ (b) City Gray Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 35 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Gray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Gray Idaho

3. RESIDENCE of FATHER (city, state) Gray Idaho

4. FULL NAME OF CHILD Lester James Hocking

5. Date of Birth (Month, day year) June 6th 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Richard Henry Hocking
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cornwell (City or town) England (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Goldsworthy
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Cornwell (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn 5
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 80 clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Kathryn (First name) Hocking (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) June 6th 1900 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Almeda Sibbett M.D. (D.O., Midwife, etc.) and address Gray Idaho Date Sept 27, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.
(f) Mother's mailing address Genesee, Idaho

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Roy Jefferson Vowels

5. Date of Birth (Month, day year) Feb. 6, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Vowels

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Wells, (City or town) England (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Simpson

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Hannible, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 PM M. on the date and at the place stated above, and that personal particulars were furnished by George Vowels and Esther Vowels (First name) (last name), who is related to this child as Father and Mother (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Mabel Helder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Esther Vowels Mother George Vowels Father (D.O., Midwife, etc.)

and address Greenacres, Wn. Date 10/4/1941

State of WASHINGTON } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Vowels & Esther Vowels being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roy Jefferson Vowels (Name of person on certificate above) as Father & Mother, Respectively (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beck (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

George Vowels Esther Vowels Signature

Greenacres, Wash. Rt 2 P. O. Address

Subscribed and sworn to before me on this 4th day of October 19 41

(SEAL) Louille V. Smith Notary Public, residing at Opportunity, Washington

My commission expires June 21, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321511
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Basalt, Idaho.

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Joseph Eastman Arave

5. Date of Birth (Month, day year) 12/28/00 1900

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Willis Arave
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter and Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Prudence Eastman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Neath (City or town) So. Wales (Eng (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Susan Arave, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Eastman Arave (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Maria Inglestrom (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Susan Arave. Signature
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Oct., 1941
(SEAL) [signature] Notary Public, residing at Lava Hot Springs, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census Ada

OCT 8 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Canyon~~ (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Canyon~~ Ada
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Dora B. Knox

5. Date of Birth (Month, day year) Sept. 14, 1900

6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DeLoss Dupont Knox
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ella Fulton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Poncha Springs, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Effie Ella Knox (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 8-1941 (Date received) (b) Mabel L Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of ~~Ex~~ Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie May Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) ~~XXXXX~~ Dora B. Knox (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Eugene Clymer (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

✓ Carrie May Knox Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of October, 1941
(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission expires October 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-110-004-296 #321626

United States
Department of Commerce
Bureau of Census

OCT 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321626
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 26 years 9 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.
(f) Mother's mailing address Bloomington, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Wendell Abraham Christensen

5. Date of Birth (Month, day year) Nov. 10, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Otto Christensen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Gertrude Krogue
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 11-1941 (Date received) (b) Mary H Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emily Gertrude Krogue Christensen being first duly sworn, say that I am Related to (Related to (or) acquainted with) Wendell Abraham Christensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. B. West (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

E. Gertrude K. Christensen Signature
Bloomington, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of October, 1941
(SEAL) Sam C. [illegible] Notary Public, residing at Paris, Idaho
Clerk, District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

JUN 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

OCT 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City RECEIVED
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at her home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jack Enoch Madsen

5. Date of Birth (Month, day year) Aug 14, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Enoch Madsen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Died 15 October 1932 in Los Angeles Calif.

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Brown
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace West Weber, Weber County, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Died. 26 October 1929 in Ogden Utah

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 9 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William L. Brown, being first duly sworn, say that I am a Cousin of (Related to (or) acquainted with) Jack Enoch Madsen (Name of person on certificate above) as First Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs Hathaway (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. William L. Brown Signature
#3 - 376 - 28th St. Ogden, Utah P. O. Address

Subscribed and sworn to before me on this 13 day of Sept, 1941

(SEAL) [signature] Notary Public, residing at Ogden, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-129 003863

OCT 14 1941

321730

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 538 North Hayes Ave.
(d) Name of Hospital or Maternity Home: at home, 538 North Hayes avenue
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 538 North Hayes
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address 538 N. Hayes ave

3. RESIDENCE of FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD Robert Edwin Kane

5. Date of Birth (Month, day year) Oct. 29 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Francis Kane
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Joliet (City or town) Illinois (State or foreign country)
14. Exact Occupation Owner and manager
15. Industry or Business Kane Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Louisa Hollingworth
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Boston, (City or town) Massachusetts (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myra Kane Mullen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Edwin Kane (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Myra Kane Mullen Signature
945 No. Hayes - Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 10th day of October, 1941
(SEAL) J. Mulstrup Notary Public, residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-207-029-818

321760

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Genesee Idaho

3. RESIDENCE of FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Lillian Rose Schlueter

5. Date of Birth (Month, day year) June 7th 1900

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Schlueter
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Hayer
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Christine Hayer Schlueter (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 16-1941 (Date received) (b) Mabel H Eddy (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Nez Perce }

I, Christine Hayer Schlueter, being first duly sworn, say that I am related (Related to (or) acquainted with) Lillian Rose Schlueter (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Eblen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christine Hayer Schlueter Signature
Lewiston, Idaho 917 Bryden Ave P. O. Address

Subscribed and sworn to before me on this 30 day of September, 1941.
(SEAL) C. P. Hindle Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Un-named/Un-numbered
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 1 years 4 month 16 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Un-named/numbered
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Idaho Falls, Idaho.

4. FULL NAME OF CHILD Worth Delano Wright

5. Date of Birth (Month, day year) June 16, 1900

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albertis Delano Wright
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Near Winterset, Iowa (City or town) (State or foreign country)
14. Exact Occupation Warehouse Foreman,
15. Industry or Business Consolidated Wagon and Machine Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Harris
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Near Reynolds, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Celia Harris Wright (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) OCT 15 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Celia Harris Wright, being first duly sworn, say that I am related to (Related to (or) acquainted with) Worth Delano Wright (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Hannah Bard (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Celia Harris Wright Signature
674 N. Water Ave., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of October, 1941
(SEAL) Marie Markowski Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. 1014 MAIN STREET
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. 1014 MAIN ST.
(e) How long has **MOTHER** lived in Idaho? 77 yrs.
(f) Mother's mailing address CALDWELL, IDAHO

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD ALBERTA ISHAM

5. Date of Birth (Month, day year) 2-15-1900

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALBERT FRANKLIN ISHAM

11. Color or Race WHITE

12. Age at time of THIS birth 42 yrs.

13. Birthplace WILLISTON, VERMONT (City or town) (State or foreign country)

14. Exact Occupation PHYSICIAN & SURGEON

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LIDA MARY ~~ISHAM~~ Johnson

17. Color or Race WHITE

18. Age at time of THIS birth 36 yrs.

19. Birthplace BOISE, VALLEY, IDAHO (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 20 1941 (Date received) (b) Mabel E. Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LIDA MARY ISHAM, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ALBERTA ISHAM (Name of person on certificate above) as MOTHER (State relationship or acqusintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. A. F. ISHAM (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lida Mary Ishaam. Signature

CALDWELL, IDAHO P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941

(SEAL) Nell Wilson Notary Public, residing at Caldwell, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 212 029 515

321955

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Kendrick Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Opal Gladys Hill

5. Date of Birth (Month, day year) 9/12/1900

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George E. Hill
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Salem (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella V anHorn
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace DesMoines (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) OCT 20 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Montana
County of Glacier } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella VanHorn Hill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Opal Gladys Hill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anderson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Van Horn Hill Signature
Cut Bank Montana P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1941.
(SEAL) Horace W Jordan Notary Public, residing at Cut Bank Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-102-201-386

322905 322905

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census — Oct 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Meridian Ida

3. RESIDENCE of FATHER (city, state) Meridian Ida

4. FULL NAME OF CHILD Clay A. Brendle

5. Date of Birth (Month, day year) Oct. 2, 1905

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Dan Brendle
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence May Thompson Brendle
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Salubria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eva J Coogan (First name) (Last name), who is related to this child as Great Aunt (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Maxine H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Eva J Coogan M.D. (M.D., Midwife, etc.)
and address Boise, Ida. Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

FEB 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-108-036-168

322969

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 21 1941 RECEIVED

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Malad Idaho

4. **FULL NAME OF CHILD** Curtis Thomas

5. Date of Birth (Month, day, year) Oct. 8, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David R Thomas
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Johns
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 21 1941 (Date received) (b) Mabel M Eddy (Registrar's signature)

27. Given Registered on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Phoebe E. Hughes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Curtis Thomas (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Adams (Name of attendant at birth), who attended said birth Is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phoebe E Hughes Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of October, 19 41

(SEAL) Jas R Jones Notary Public, residing at Malad City, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-23-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 - 208-016-434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 22 1941

State File No. 323012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 17 years 10 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. RFD # 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Zenna Angeline Wilson

5. Date of Birth (Month, day year) April 18, 1900

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Wilson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Harrisville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora E. McMurray
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nora E. McMurray Wilson, being first duly sworn, say that I am related (Related to (or) acquainted with) Zenna Angeline Wilson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Wilda McBride (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nora E. McMurray Wilson Signature
P. O. Address

Subscribed and sworn to before me on this 18 day of October 1941
(SEAL) [signature] Notary Public, residing at Wilmington, Calif.
My Commission Expires Dec. 26, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-103-029-219

United States
Department of Commerce
Bureau of Census

OCT 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow, Idaho
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Moscow, Ida. R#2

3. RESIDENCE of FATHER (city, state) Moscow, R#2

4. FULL NAME OF CHILD James Everett Branson

5. Date of Birth (Month, day year) Feb. 3, 1900

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jasper Branson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Maynardsville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Alice Bailey
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Knox County, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 22-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Alice Branson, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Everett Branson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Knudson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Alice Branson Signature

315 Fifth St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of October, 1941

(SEAL) HARRY A. THATCHER, Co. Auditor ~~Notary Public~~, residing at Moscow, Idaho

By Bessie Babcock Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-22-040-395

323023

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our own Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 13 years 6 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Murray, Idaho

3. RESIDENCE of FATHER (city, state) Murray Idaho

4. FULL NAME OF CHILD Jesse HAROLD Johnson

5. Date of Birth (Month, day year) Sept 22, 1900

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles John Johnson
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Arjeng (City or town), Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Tietz
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Leventer (City or town), Holland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs ELLA DAVIES (First name) (Last name), who is related to this child as Sister (Mother, etc)

26. (a) OCT 25 1941 (Date received) (b) Mabel Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, County of Shoshone } ss.

I, Ella Davies, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jesse Harold Johnson (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that mrs amos watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Davies Signature

Wallace Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of Oct, 1941

(SEAL) David Williamson Notary Public, residing at Wallace Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-101-040-313

323038

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 25 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Louis Nelson

5. Date of Birth (Month, day year) Sept-1-1900

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Nelson
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Transfer Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Call
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) West Prairie (State or foreign country) Wisconsin
20. Exact Occupation H.W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 6:50 A ~~M.~~ on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 25-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Xmrs F J Edwards being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Frank Louis Nelson (Name of person on certificate above) as acquaintance there at time of birth (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mixtod (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Xmrs F J Edwards Signature
2927 N E Couch Portland Oregon P.O. Address

Subscribed and sworn to before me on this 16 day of October, 1941
(SEAL) Dora Lusayl Notary Public, residing at Portland

MY COMMISSION EXPIRES NOV. 13, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed ~~in Chapter 2, Title 38, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-216-025-863

323175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 25 1941
RECEIVED

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 8 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Cottonwood, Idaho

3. **RESIDENCE of FATHER** (city, state): Cottonwood Idaho

4. **FULL NAME OF CHILD** Ruth Virginia Kaesemeyer

5. Date of Birth (Month, day, year) Aug. 16, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Godfrey Kaesemeyer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bay City (City or town) Michigan (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business Meat

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Naomi Hockett
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fayette County (City or town) Illinois (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 25 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes E. Loehr, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ruth Virginia Kaesemeyer (Name of person on certificate above) is Half-sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Turner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes E Loehr Signature

417 Elm St. Walla Walla, Wash P. O. Address

Subscribed and sworn to before me on this 23 day of Oct, 1941

(SEAL) E L Kamp Notary Public, residing at WALLA WALLA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-120-030-413

323228

323228

United States NOV 6 1941 (Be sure the information is as of date of birth of THIS child) State File No.

Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.

Bureau of Census RECEIVED STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. at residence
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Sheldon Price Edwards

5. Date of Birth (Month, day year) April 20, 1900

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 7 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Edwards
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Salmon (City or town) Idaho (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth MacNab
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 6 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given ~~name~~ added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature — M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, W. B. Pyeatt, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Sheldon Price Edwards (Name of person on certificate above) as friend of family (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. S. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. B. Pyeatt Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd. day of November 1941

(SEAL) W. W. Simmonds, Clerk ~~Notary Public, residing at~~ of the District Court, in and for Lemhi County, Idaho By Clover Edwards Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-122-020-944 #323231 **323231**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore RECEIVED (b) City Mtn. Home
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Mountain Home, Ida.

3. RESIDENCE of FATHER (city, state) Mountain Home

4. FULL NAME OF CHILD William Francois Geerhart

5. Date of Birth (Month, day year) Oct. 22, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Sherman Geerhart
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Champagne County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Rudisill
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace State of ~~Missouri~~ Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 6 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Sherman Geerhart, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Francois Geerhart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that William F. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Sherman Geerhart Signature
Horseshoe Bend, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of November 1941
(SEAL) Caroline C. Douglas Notary Public, residing at Sweet, Idaho
My commission expires May 20-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-206-021-593

323392

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Mapleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mapleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Mapleton, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD CLARA BARTON PEARL SWEET

5. Date of Birth (Month, day year) Sept. 6, 1900

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles U. Sweet
11. Color or Race white 12. Age at time of THIS birth 56 yrs.
13. Birthplace Worchester (City or town) Massachussets (State or foreign country)
14. Exact Occupation Bootmaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive M. Nichols
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Chicago, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead no (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) NOV 3 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Olive M. Sweet, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Clara Barton Pearl Sweet (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Morgan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive M. Sweet Signature

623 South 4th St., Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941

(SEAL) Sheryl A. Trent Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-217011-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323419
Local Reg. No.
Reg. Dist. No.

NOV 4 1941

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In ~~Hosp. or Mat. Home~~ days.
In THIS county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry, Ida.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Leonia, Ida.

3. **RESIDENCE of FATHER** (city, state): Leonia, Ida.

4. **FULL NAME OF CHILD** Jennie Sophia Swanson

5. Date of Birth (Month, day, year) 3/17/1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Olaf Swanson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hornas Billeta, Sweden (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Sophia Scott
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Karlshamn, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business Housemaid

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 4 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amanda Swanson, being first duly sworn, say that I am Related to (Related to ~~(or) acquainted with~~) Jennie Sophia Swanson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ed Sadler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Amanda Swanson Signature
Bonners Ferry - Idaho P.O. Address

Subscribed and sworn to before me on this 2nd day of October 19 41

(SEAL) A.D. Bayliss Notary Public, residing at Bonners Ferry - Idaho

My Commission Expires Jany 6th 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 6 1966

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 118 030 419

323458

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: John Martin Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Fearing John Quigley

5. Date of Birth (Month, day year) Aug 18, 1900

6. Sex Male

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar E. Quigley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Martin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salmon Idaho (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mary M Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edgar E Quigley, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Fearing Kent Quigley as father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinney, who attended
(Name of attendant at birth)
said birth deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Edgar E Quigley Signature
Patterson Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of November 19 41
(SEAL) Margaret Barton Notary Public, residing at Patterson Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433116 040 515

323463

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323463
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 24 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6 years 9 month 1 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6+ yrs.
(f) Mother's mailing address Kellogg, Idaho

3. RESIDENCE of FATHER (city, state) Wardner, Ida

4. FULL NAME OF CHILD Neil Peter McLeod

5. Date of Birth (Month, day year) 4-16-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Keneth E. McLeod
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Orangedale, Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Louise Van-der-Werken
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Warrenton Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma L McLeod, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Neil Peter McLeod (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr Matchett (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Emma Louise VanDerWerken McLeod (Signature)

3050 East 45th St. Seattle Wn (P. O. Address)

Subscribed and sworn to before me on this 17th day of October 1941

(SEAL) Thomas Jenkins Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

238-205025-214

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941 RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323583
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address Cottonwood Idaho

3. RESIDENCE of FATHER (city, state) Cottonwood Idaho

4. FULL NAME OF CHILD Clara Genevieve Schober

5. Date of Birth (Month, day year) Oct. 5. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Schober

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Laibach (City or town) Austria (State or foreign country)

14. Exact Occupation Brewer

15. Industry or Business Brewery & Saloon

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Theresia Kambitsch

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Lewiston (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Schober (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

25. Attendant's **OWN** signature Midwife deceased M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on RECEIVED by (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Schober, being first duly sworn, say that I am Related (Related to (or) acquainted with) Clara Genevieve Schober (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mary Jeshan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Schober Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of Nov, 1941.

(SEAL) Mabel Wilbert Notary Public, residing at Cottonwood Ida.
Comm exp. Jan 24-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323588

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941 **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. 323588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Hove
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ... days. IN **THIS** county ... years ... month ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hove
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.
(f) Mother's mailing address Burley Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Edwin Wyatt Jones

5. Date of Birth (Month, day year) June 9 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Leigh Jones
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Laura Wyatt
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ford (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ... (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ...

26. (a) NOV 7 1941 (Date received) (b) Mabel Felder (Mother, etc.) (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN** signature Mrs Dill Barslow M.D. (D.O., Midwife, etc.)
and address Rasmaray Date Idaho

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Laura Wyatt Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Wyatt Jones (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dill Barslow (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Laura Wyatt Jones Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November 1941

(SEAL) Missing N.Y. Wilkes Notary Public, residing at Burley, Idaho

FEB 7 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-129 029-168

NOV 10 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: NONE - OUR OWN HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address JULIAETTA, IDAHO

3. RESIDENCE of FATHER (city, state) JULIAETTA, IDAHO

4. FULL NAME OF CHILD ELMER NAPOLEON CLARK

5. Date of Birth (Month, day year) AUG. 29, 1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** COLUMBUS NAPOLEON CLARK
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace POLK COUNTY, MISSOURI U.S.A (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SOPHRONIA EMELINE ~~CLARK~~ JOHNSON.
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace BOONE COUNTY, ARKANSAS, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California } ss.
County of Ventura }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LYDIA EMELINE RICHARDSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ELMER NAPOLEON CLARK (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. R. H. HEIMGARTNER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Emeline Richardson Signature
Simi, Calif R.F.D. Rte. 1 P. O. Address

Subscribed and sworn to before me on this 7th day of November 1941

(SEAL) R. M. Wright Notary Public, residing at Santa Susana Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415 726 035 739

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323680
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perze (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perze
(c) City Cameron (on a farm)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Kendrick

3. RESIDENCE of FATHER (city, state) Cameron Ida

4. FULL NAME OF CHILD Cushman K. Davis

5. Date of Birth (Month, day year) Aug 26, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph W. Davis
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fairberry (City or town), Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Anna Glidden
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Olympia (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Joseph W. Davis (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph W. Davis ~~M.D.~~ (D.O., Midwife, etc.)
and address Kendrick Ida Date Nov. 10, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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286-103 029-632

323702

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 13 1941 RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address of R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Gustaf Ingwall Shostrom

5. Date of Birth (Month, day year) Nov. 3 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gilbert P. Shostrom

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Sannas (City or town) Sweden (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingeborg Olson

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Sannas (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead — (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) [signature] (Registrar's signature)

RECEIVED

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Walter Swanson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Gustaf Ingwall Shostrom (Name of person on certificate above) as Oldest Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Zilda Swanson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Walter Swanson Signature

[illegible] R.D. Address

Subscribed and sworn to before me on this 10th day of November, 1941

(SEAL)

[signature] Probate Judge, residing at Moscow, Idaho.

Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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217 113 009365

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Kootenai Now
(a) County BONNER (b) City LACLEDE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 8 years 8 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City LACLEDE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address LACLEDE IDA.

3. RESIDENCE of FATHER (city, state) LACLEDE, IDA

4. FULL NAME OF CHILD LON CARL SAGE

5. Date of Birth (Month, day year) 2/13/1900

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RUBEN JUDSON SAGE
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace GREEN BAY, WIS. (City or town) (State or foreign country)
14. Exact Occupation TIMBER CONTRACTOR
15. Industry or Business LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MIRIAM, MIRILDA COEURNYER
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace COOPERSVILLE MICH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE 2%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Reuben J. Sage (First name) (Last name), who is related to this child as Father (Mother, etc.)
26. (a) Nov 12-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature George W. Power M.D. (D.O. Midwife, etc.) and address 517 So Florence Ave Sandpoint Ida Date 11/12/41

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bert Sage, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lon Carl Sage (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MARY GRAVES (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bert Sage Signature
502 Lake St. Sandpoint Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941
(SEAL) F. P. Reeves Notary Public, residing at Sandpoint Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493111-029843

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. Kendrick
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Kendrick

3. RESIDENCE of FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Gilbert Riley

5. Date of Birth (Month, day year) 2-11-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Theodore Riley

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Dalton Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Jane Hull

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Concordia Kansas (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Jane Riley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gilbert Riley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Strahl (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Jane Riley Signature
2028-E. Desto - Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 12 day of November 1941

(SEAL) Winnifred MacPherson Notary Public, residing at Spokane, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323788
Local Reg. No.
Reg. Dist. No.

NOV 18 1941 RECEIVED

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City USTICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of JULIA A. COX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) ADA County IDAHO

4. FULL NAME OF CHILD OLMETA MILLS

5. Date of Birth of Child (Month, day, year) 11-28-1900

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN IRVING MILLS
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace KALAMAZOO (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA COX MILLS
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace BOONE COUNTY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Walter Whitten (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Cole Signature

P.O. Box 674 — Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 1941.

(SEAL) Wesley M. Grant Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 18 1941 by Mary E. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

MAY 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

NOV 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carson Joseph Potter

5. Date of Birth of Child (Month, day, year) Feb 15, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Monroe Potter

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Colville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Bird

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Mendon, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 4 1/ years, and that Annie Hansen (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Warren M Potter P. O. Address Nampa, Ida.

Subscribed and sworn to before me this 24 day of November, 19 41

(SEAL) M. E. Healy Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires Aug. 26, 1944

Received for filing on NOV 24 1941 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2

662-125-008-395 NOV 25 1941 #323812

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address General Del.

3. RESIDENCE of FATHER (city, state) Idaho City Ida

4. FULL NAME OF CHILD Adelbert Foster

5. Date of Birth (Month, day year) May 25, 1900

6. Sex Male

7. Twin or Triplet Single Birth If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eddie John Foster
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Idaho City Idaho (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Tregaskis
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 25 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eddie John Foster, being first duly sworn, say that I am Father (Related to (or) acquainted with) A Delbert Foster (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Newell Ind. (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eddie John Foster Signature
Caldwell Ida Rt 1 P. O. Address

Subscribed and sworn to before me on this 10 day of November, 1941
(SEAL) Jessie D. Walker Notary Public, residing at Caldwell Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Lewis~~ Nez Perce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private farm home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4yrs years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Albert Stach

5. Date of Birth (Month, day year) Nov. 18, 1900

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Stach (deceased)
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Poland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Krebsbach
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Jacobs Prairie, Minn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living none (c) Born alive and now dead none (d) Stillborn none --Albert was 5th child, 3 others later. all
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ten P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Stach (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) NOV 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Helen Braun (D.O., Midwife, etc.) and address Nezperce, Ida Date 11-15-1941

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Helen Braun, being first duly sworn, say that I am related (Related to (or) acquainted with) Albert Stach (Name of person on certificate above) as aunt (sister his mother) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no doctor (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helen Braun Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of November, 1941
(SEAL) [signature] Notary Public, residing at Nezperce, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323864
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Marysville Ida

4. FULL NAME OF CHILD Melvina Wetherbee Simons

5. Date of Birth (Month, day year) Dec. 7, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Wetherbee Jr
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Jane Wilson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Phebe Wetherbee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvina Wetherbee Simons (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Toosli (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phebe J. Wetherbee Signature
P. O. Address

Subscribed and sworn to before me on this 15 day of Nov. 1941
(SEAL) Thos B Pasquis Notary Public, residing at Ashton Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

AUG 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-22-4925-943

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323947

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Kendrick, Idaho.

3. RESIDENCE of FATHER (city, state) Castle Rock, Wash.

4. FULL NAME OF CHILD Lydia Pearl Patterson

5. Date of Birth (Month, day year) Jan. 22, 1900.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude Bontah Patterson

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Pilot Grove, Texas (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Imlay

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Morrison, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business I don't know

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 19 1941 (Date received) RECEIVED (b) Mabel Heeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Ferry }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Mary J. Patterson, being first duly sworn, say that I am her mother (Related to (or) acquainted with) Lydia Pearl Patterson (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. F. Rothwurm (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Mary J. Imlay Patterson Signature

Box 414 - Republic, Wash. P. O. Address

Subscribed and sworn to before me on this 17 day of Nov. 1941

(SEAL) Hazel B. Fannin Notary Public, residing at Republic, Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-103-021-719

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (Formerly Oneida) (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Clifton, Idaho.

3. RESIDENCE of FATHER (city, state) Clifton, Idaho

4. FULL NAME OF CHILD Oliver C Ostegar

5. Date of Birth (Month, day year) Jan. 3, 1900.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter M. Ostegar

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Vadum (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farm Owner.

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Carlsen

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Sunbyvestor (City or town) Denmark (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 13 1941 (Date received) (b) Maud Keller (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Peter M Ostegar, being first duly sworn, say that I am related to (Related to (or) acquainted with) Oliver C Ostegar (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Howell (Name of attendant at birth), who attended said birth is no Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Peter M Ostegar Signature
Clifton Idaho. P. O. Address

Subscribed and sworn to before me on this 10 day of November 1941

(SEAL) Susan Rogers Notary Public, residing at Clifton Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-212-029-213

United States
Department of Commerce
Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 324015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Viola, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.
(f) Mother's mailing address Viola Idaho

3. RESIDENCE of FATHER (city, state) viola Idaho

4. FULL NAME OF CHILD Reta Fern Poe

5. Date of Birth (Month, day year) Jan. 12, 1900

6. Sex Female

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William S. Poe
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eugene (City or town) Ore. (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Alice Bates
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Madison (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Nellie A Poe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov 18-1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.) and address [illegible] Date 11 17 41

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie A Poe, being first duly sworn, say that I am related to (Related to (or) acquainted with) of Reta Fern Poe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Farnum (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie A Poe Signature
62, E. Poe or Walla Walla Wash P. O. Address

Subscribed and sworn to before me on this 17th day of Nov, 1941
(SEAL) [signature] Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268-22-001-316

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 324028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16 St So
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Boise

3. RESIDENCE of FATHER (city, state) Boise

4. FULL NAME OF CHILD FLORENCE RETA Boyd

5. Date of Birth (Month, day year) Jan 21 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME DANIEL FRANCES Boyd

11. Color or Race White

12. Age at time of THIS birth: 30 yrs.

13. Birthplace Ashland (City or town) Iowa (State or foreign country)

14. Exact Occupation Driver of Ice Co

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vidma LaFollette

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Silverlodge (City or town) Mont (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Vidma LaFollette (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov 24-1941 (Date received) (b) Mabel H Holden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ella Hart (M.D., Midwife, etc.)
and address 9518 Phinney Seattle Date 11-18-41

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella Hart, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Florence Reta Boyd (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Hailey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Hart Signature
9518 Phinney Ave, Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 19 day of November, 1941.
(SEAL) K. T. Jansen Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392 230036-244

United States Department of Commerce
Bureau of Census

NOV 24 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325045
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Rockland

3. RESIDENCE of FATHER (city, state) Rockland Ida

4. FULL NAME OF CHILD Ada Elenor Lish Manhart

5. Date of Birth (Month, day, year) Oct. 30 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Henry Lish

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Bingham City (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Budge

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Willard Utah (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho } ss.
County of Oneida }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alva Lish, being first duly sworn, say that I am Brother (Related to (or) acquainted with) Ada Elenor Lish Manhart (Name of person on certificate above) as ____ (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alva Lish Signature

P. O. Address

Subscribed and sworn to before me on this 21 day of Nov 19 41

(SEAL) H Allen Notary Public residing at

COUNTY RECORDER AND CLERK OF THE DISTRICT COURT

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-219 044-256

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 18 1941

State File No. 325064
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City near Council
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City near Council
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Council, Idaho

3. RESIDENCE of FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD NETTIE MAY BEIER

5. Date of Birth (Month, day year) July 19, 1900

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Beier
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace near Buffalo, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Snow
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Ephraim, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 18 - 1941 (Date received) (b) Mabel F. Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amelia Beier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nettie May Beier (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Higgins (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Amelia Beier Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of November, 1941
(SEAL) John J. Peacock Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

664-104.007-249

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

DEC 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325254
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Glenns Hot Springs near Hailey
(c) Street Address or R.F.D. No. near Hailey Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Glenns Hot Springs near Hailey
(d) Street Address or R.F.D. No. Private Property
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD CHARLES ELMER WOMACK

5. Date of Birth of Child (Month, day, year) Nov. 4. 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME JETHRO WOMACK
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ADDIE SMITH
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Smithtown (City or town) Missouri (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Caddie Mary Womack (First name) (Last name), who is related to this child as Half Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half-Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Dr. Brown (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caddie Mary Womack Signature
Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November, 1941.

(SEAL) Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel Eccles, Registrar.

JUL 9 1942

SEP 24 1943

DEC 13 1945

JUL 24 1946

JUL 18 1946

FEB 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-112-022-962

325266

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325266
Local Reg. No.
Reg. Dist. No.

DEC 1 1941

1. PLACE OF BIRTH
(a) County ~~Madison~~ Fremont (b) City Teton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN. **THIS** county 15 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Teton Idaho

3. **RESIDENCE of FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Hugh S. Johnston

5. Date of Birth (Month, day year) November 12/1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh S. Johnston
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Robb
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Paragonah Utah (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) DEC 1 1941 (Date received) (b) Mabel Y. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Robb Johnston, being first duly sworn, say that I am The Mother of (Related to (or) acquainted with) Hugh S. Johnston (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Johnson (Name of attendant at birth), who attended said birth ~~was~~ deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Robb Bigler Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of Nov., 1941

(SEAL) ~~Notary Public~~ Probate Judge, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

433-126-003-216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 2 1941

State File No. 325282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD William Craig McBride, Jr.

5. Date of Birth of Child (Month, day, year) May 26, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Craig McBride
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hillsboro, Ohio (City or town) (State or foreign country)
14. Exact Occupation Gen. Agent
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Sawyer
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mt. Pleasent, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Craig McBride Signature
Portland Oregon P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941

(SEAL) Ellen Flennes Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. MY COMMISSION EXPIRES AUG. 27, 1

Received for filing on DEC 2 1941 by Mabel F. Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-109-019-395 325340

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Carl Vivian Wornek

5. Date of Birth of Child (Month, day, year) Fe. 9th, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Wornek
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dubuque, (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter Contractor
15. Industry or Business Carpenter Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellura Belle Trenner
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Zanesville, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mae Wornek Ray (First name) (Last name), who is related to this child as Siater (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Elko, Nevada Date 12-1-41

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for Six years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae Wornek Ray Signature
Elko, Nevada P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941.

(SEAL) Dora E. Knudson Notary Public, residing at Elko, Nevada
My Commission Expires Jan. 16, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

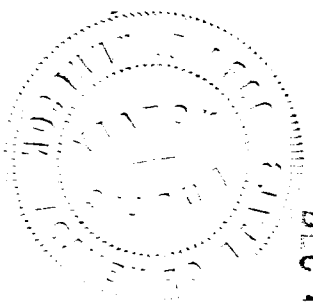
Received for filing on DEC 8 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DEC 7 194

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise City,

No. ..... St.

(If born in hospital or institution give name.)

DEC 5 1941

STATE OF IDAHO 325361

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

325361

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ivy Alice Blackweld

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 7th, 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Logan Dameron Blackweld	18. Full maiden name Jennie Etta Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Boise City Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise City Idaho
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race white | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Macon County Mo.	22. Birthplace (city or place) (State or Country) Mitchell County Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Janitor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 18 yrs	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 40 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2.
(a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bosie City at 2.30 P.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Jennie Etta Blackwell, Mother ~~M.D.~~

or ....., Midwife

Address 119 N. Calaveras St Fresno, Calif.

Filed DEC 5 1941, 193.. Mabel T. Elder
DEC 5 1941
Registrar.

DEC 1941

271-207-001-493

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California. } ss.
County of Fresno }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jennie Etta Blackweld being first duly sworn says that she is the Mother of Ivy Alice Blackweld
(Relationship of child)*

born May 7th, 1900 at Boise City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Jennie Etta Blackweld desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ivy Alice Blackweld hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Turner ~~M.D.~~ was the Midwife medical attendant at the birth of said Ivy Alice Blackweld and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Etta Blackwell
P. O. Address 119-N. Calaveras St. Fresno, Calif

Subscribed and sworn to before me this 2nd day of December, 1941.

Notary Public.

My expiration April 15, 1945.

Residing at 4032 Jensen Ave. Selma, ~~Idaho~~ Cal.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is [illegible] by signature of attending physician or [illegible])

State of ..... } ss.
County of .....

..... I am first duly sworn says that

..... (Relationship or child)

born ..... at ....., Idaho,
(Month)

..... of birth is hereto attached, and that ..... [illegible] under Chapter 129—1927 Sec. [illegible] Laws of Idaho and affiant further states that the facts contained in the certificate

..... hereto attached are true and correct

..... and that this birth has not been previously recorded.

Affiant further states that ..... D. was the Midwife

..... at the birth of said ..... and that

..... attendant is .....
(Now deceased or cannot be located)

Name of Affiant .....

P. O. Address .....

Subscribed and sworn to before me this ..... day of 1941

.....
Notary Public

Residing at ..... Idaho

[illegible] are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of [illegible] cousin, etc.

819-226-003-313

325369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida

4. FULL NAME OF CHILD Rose Julia Harding

5. Date of Birth of Child (Month, day, year) April 26 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Grant Harding
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Maysville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Elmyra Call
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Rosa Louise Call (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward G Harding Signature
422 11 St Clarkston Wn P. O. Address

Subscribed and sworn to before me this 2d day of Dec., 1941
(SEAL) Burt C Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel T Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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036-19-003-291

325385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 8th, & Garfield
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 8 th & Garfield
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD Rozella Stoker

5. Date of Birth of Child (Month, day, year) May 19, 1900

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred William Stoker
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Upholsterer
15. Industry or Business Oregon Short Line Ry,

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Branson
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 11.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) A M. on the date and at the place stated above and that personal particulars were furnished by Mable Stoker Holmes (First name) (Last name) who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ ~~Midwife~~ Address 2009 Millis St. Date Dec 2d 41

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52, years of age, that I have known this person for 41 years, and that Doctor Castle (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Stoker Holmes Signature
2009 Millis St. Montebello, Calif. Address

Subscribed and sworn to before me this 2nd day of December, 1941

(SEAL) Notary Public, residing at 5815 Whittier Blv Los Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-128-028-214

325413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irven Saunders Hagman

5. Date of Birth of Child (Month, day, year) May 28-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Hagman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Maine (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Saunders
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Dora (First name) Charbonneau (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Hagman Signature
Priest River Ida P. O. Address

Subscribed and sworn to before me this day of December, 1941.
(SEAL) Notary Public, residing at Priest River Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel E Eckler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

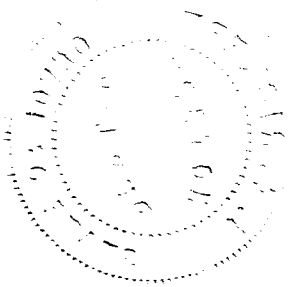
MAY 13 1942

JAN 7 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



25-109-035-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 8 1941

State File No. 325503
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Southwick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Southwick, Ida.

3. **RESIDENCE OF FATHER** (city, state) ..

4. **FULL NAME OF CHILD** Joel Van Meter Berreman

5. Date of Birth (Month, day, year) July 9—1900

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Walter Berreman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cedar Co Iowa (City or town) (State or foreign country)
14. Exact Occupation Minister of Gospel
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Caroline Brigham
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Washington Corners (City or town) California (State or foreign country)
20. Exact Occupation
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ella C. Berreman (First name) (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) NOV 24 1941 (Date received) (b) Mabel Hedden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E. E. Watts M.D. or ..... (D.O., Midwife, etc.)
and address Gifford Ida Date

State of Oregon }
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella E Berreman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Joel Van Meter Berreman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Watts (Name of attendant at birth), who attended said birth Deceased—Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ella E Berreman Name
Mill City Oregon P. O. Address

Subscribed and sworn to before me this 21 day of January 1941

(SEAL) ..... Notary Public, residing at Mill City, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15

DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 150, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for transmittal to the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

253-119-014-246 325558

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child) — DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325558
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 20 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Meridian R.2

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Oliver Franklin Kelley

5. Date of Birth (Month, day year) Jan 19-1900

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Franklin Kelley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mills County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Evelyn Buffington
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (Near) Honey creek Iowa (City or town) (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 10 1941 (Date received) (b) Mabel M. Reed (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada

I, Katie Evelyn Kelley, being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Katie Evelyn Kelley Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of Dec 19 41

(SEAL) ..... Notary Public, residing at Meridian

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-129-025-699

325586

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Idaho (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD John Francis Simpson

5. Date of Birth (Month, day year) 12-29-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Reagan Simpson
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Leah Friedly
17. Color or Race White
18. Age at time of THIS birth 38 yrs
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 9 1941 (Date received) (b) Mabel F. Eden (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Leah Friedly Simpson, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) John Francis Simpson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Anna Leah Friedly Simpson Signature

9358 California Ave. Seattle. P. O. Address

Subscribed and sworn to before me on this 28th day of October 1941

(SEAL)

Notary Public, residing at Seattle

DEC 10 1941

APR 11 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

689-108-002-981 325665

325665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adrian Williston Whiffin

5. Date of Birth of Child (Month, day, year) Jan 8th 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Eugene Whiffin
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Fruit grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Belle Ryals
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Harrison (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Eugene Whiffin Signature
R. 1 Caldwell P. O. Address

Subscribed and sworn to before me this 12th day of December, 1941.
(SEAL) E H Brunner Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 12-1941 by Mabel L Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-12-41

216-119 028 312

325728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 11 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Emida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emida, Idaho

4. **FULL NAME OF CHILD** Earl Monroe Dawson

5. Date of Birth of Child (Month, day, year) June 19, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Eliza Dawson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Carthage (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leila East
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Mrs. E. Carman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. E. Dawson
Signature

Emida, Idaho
P. O. Address

Subscribed and sworn to before me this 9th day of December, 19 41.

(SEAL) W. B. Sargent
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-1574

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 112 029-249

325730

United States
Department of Commerce
Bureau of Census DEC 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Kendrick, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Ernest Marion Harrison

5. Date of Birth (Month, day year) May 12, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Sylvester Harrison
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Mankato (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Rhoda Smith
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 11 1941 (Date received) (b) Mabel Y. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Walla Walla
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pearl B. Aas, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Marion Harrison (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl B. Aas Signature
Walla Walla Wn P. O. Address

Subscribed and sworn to before me on this 6th day of December 1941
(SEAL) W. H. Dorr ~~Notary Public~~, residing at Walla Walla, Wn.
COUNTY AUDITOR

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444 718 029 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325732
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow

4. FULL NAME OF CHILD Garry Edgar Dudley

5. Date of Birth of Child (Month, day, year) Nov. 18-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Byron Dudley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Gent Mdse

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Adella Lines
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Dr. Dritman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Dudley Signature
1617 E. Broadway Long Beach Cal P. O. Address

Subscribed and sworn to before me this 8 day of December, 1941.
(SEAL) Fred R. Berbower Notary Public, residing at LONG BEACH, CALIF. NOTARY PUBLIC In and for the County of Los Angeles, State of Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires Oct. 11, 1942

Received for filing on Dec 15-1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1965

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-214001813

325805

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 325805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1415 State
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years ~~months~~ ~~days~~

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1415 State
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Hazel Ruby Kincaid

5. Date of Birth of Child (Month, day, year) Feb. 14th 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Andrew Kincaid
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jamesport (City or town) Missouri (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Izadora Hall
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace ~~Indiana~~ (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 41 years, and that Dr. H. D. Springer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Andrew Kincaid Signature

2310 Broadway, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 1941

(SEAL)

Probate Judge Ada County, Idaho. Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 17 - 1941 by Mabel Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869 222007-697

325938

United States
Department of Commerce
Bureau of the Census

DEC 20 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325938
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Her Own Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Hailey Idaho.

4. **FULL NAME OF CHILD** Keith Horne,

5. Date of Birth (Month, day, year) Sep 22nd 1900

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Fayette Horne

11. Color or Race White, American

12. Age at time of THIS birth 43 yrs.

13. Birthplace Rockford, Illinois
(City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business Grocery business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Frances Figgins

17. Color or Race White, American

18. Age at time of THIS birth 43 yrs.

19. Birthplace Keokuk, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 2%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive. (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Presley Horne, (First name) (Last name), who is related to this child as brother (older) (Mother, etc.)

26. (a) DEC 20 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** R. L. Nourse M.D. ([redacted])
and address Hailey Idaho. Date Jul 12/41
Now Boise Idaho.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC 2 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

Amended Dec. 13, 1954

United States Department of Commerce
Bureau of the Census

631-701 0014 847 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CLARENCE OSCAR FLAKE

5. Date of Birth of Child (Month, day, year) Feb. 1, 1900

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Emmett Flake
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Hillsboro, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loui Odell Hughes
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Eagle Rock, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that Dr. O. W. Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. E. Flake Signature

Ola, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 19 41.

(SEAL) Margaret Smoke, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 15, 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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325987

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 15 194

1. PLACE OF BIRTH
(a) County Canyon (b) City Star
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: In private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 2 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Star
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Star, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clarence Oscar Flake

5. Date of Birth (Month, day year) Feb. 1, 1898

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Emmett Flake
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Hillsboro, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loui Odell Hughes
17. Color or Race white **18.** Age at time of THIS birth 20 yrs
19. Birthplace Eagle Rock, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. E. Flake, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Oscar Flake (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. W. Hall (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

J. E. Flake Signature

Ola, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of December, 19 41

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

My Commission expires Oct. 13, 1944

DEC 18 1941

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or ~~gaurdian~~, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem

Certificate No. 325987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Clarence Oscar Flake (Name on Original Certificate) who born (Was Born or Died) on Feb. 1, 1900 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 1, 1900 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
year of birth	1898	1900

Subscribed and sworn to before me this 10th day of August, 1954

C H Heger

Notary Public, residing at Emmett, Idaho

My commission expires Sept. 15, 1955

(Seal)

Signed J E Flake Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 1954

C. H. Heger

Notary Public, residing at Emmett, Idaho

My commission expires Sept. 15, 1955

(Seal)

Signed Joel Potter

(Signature of Any Credible Person)

Circle Addition

(Street Address, City, State)

Emmett Idaho

DPH 52.155

793-122-016-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bulo Enzley Pickett

5. Date of Birth of Child (Month, day, year) 22 Sept. ~~xxx~~ 1900

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Reg. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mannie Pickett
11. Color or Race Wh. **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Briggs
17. Color or Race Wh. **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Midwife-Urilda McBride deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Urilda McBride (First name) (Last name), who attended this birth as midwife is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mannie Pickett Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 19 41.

(SEAL) Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

AUG 17 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813/16-010-866

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 17 1941

State File No. 326015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho.
(d) Street Address or R.F.D.No. no
(e) How long has MOTHER lived in Idaho? 25 yrs. 11
(f) Mother's mailing address deceased IdahoFa

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Frnak Reed Hall

5. Date of Birth (Month, day year) May 16th,1900

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Frank Reed Hall	16. FULL MAIDEN NAME	Mary J.Hook
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	43 yrs.	18. Age at time of THIS birth	23 yrs
13. Birthplace (City or town) (State or foreign country)	Michigan	19. Birthplace (City or town) (State or foreign country)	Illinois.
14. Exact Occupation	carpenter	20. Exact Occupation	housewife
15. Industry or Business	carpenter	21. Industry or Business	housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Horace Ray Hall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Reed Hall (Name of person on certificate above) as his brother, 9 years older (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Rowberry (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Horace Ray Hall Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of December, 1941

(SEAL) Bash R. Bennett Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

893-110022816

326069

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City
(c) Street Address or R.F.D. No. Sunnydell
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No. Sunnydell
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Errol Hawley Hillman

5. Date of Birth of Child (Month, day, year) 9-10-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hillman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace E. Harriman, Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellice Hawley
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Pleasant Grove, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Mrs. Bell Wylie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ellice Hillman Signature

2282 Cambridge St., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 13 day of December, 1941

(SEAL) Notary Public, residing at LOS ANGELES

My Commission Expires May 2, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Maud Freeman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-110-00-314 327167 327167

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 731 East State
(d) Name of Hospital or Maternity Home: Home address above
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 731 East State
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ralph Waldo Emerson

5. Date of Birth of Child (Month, day, year) August 10 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Edwin Emerson

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Muscatine (City or town) Iowa (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Campbell Emerson

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Edinburgh (City or town) Scotland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 40 years, and that Mrs. Evelyn Johnson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Edwin Emerson (Signature)

..... P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941.

(SEAL) Florence L. Dulle Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26 1941 by Clyde A Bodle Asst, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-12-028-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327215
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Teonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Kootenai
(c) City Teonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Teonia Ida

4. FULL NAME OF CHILD John Lee Stonecheet

5. Date of Birth of Child (Month, day, year) Feb. 24, 1900

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter James Stonecheet
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Wayne Co. (City or town) New York (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business Mail Carrier

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora May Johnson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Washington (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Marie (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Peter James Stonecheet Signature

..... P. O. Address

Subscribed and sworn to before me this 18th day of December, 1941.

(SEAL) L. D. Meade Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Clyde A. Bridges Actg. Registrar.

DEC 26 1941

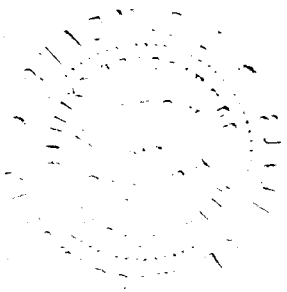
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



555-12-022-693

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327273
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home in country
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address St Anthony, Ida

3. RESIDENCE of FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Paul Maxson Neer

5. Date of Birth (Month, day year) July 21 1900.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Earnest Neer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hartford (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Belle Williams
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Milo (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5 (c) Born alive and now dead / (d) Stillborn /

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Clyde A [illegible] Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of Clallam }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Etta Belle Neer, being first duly sworn, say that I am ~~Mother~~ Related (Related to (or) acquainted with) Paul Maxson Neer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Name of Doctor forgotten (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Etta Belle Neer Signature

435 W. 3rd - Port Angeles, Wn. P. O. Address

Subscribed and sworn to before me on this 16th day of December 1941

(SEAL) Gail Fisher Notary Public, residing at Port Angeles, Wn.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

994-222-029-959

327390

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No. On Ranch
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elsie Mabel Zimmerman
5. Date of Birth (Month, day year) Dec 22, 1900
6. Sex Female
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Zimmerman
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Reinhart
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Maurice F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Zimmerman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elsie Mabel Zimmerman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician or (Name of attendant at birth), ~~who attended said birth~~ midwife were in attendance (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Zimmerman Signature
Southwick, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of November, 1941.
(SEAL) Rudolf Weingarber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Harrison, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

327440

DEC 22 1941

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Glenn Harvey Bridgeman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 12/29", 1900 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wayne Scott Bridgeman	18. Full maiden name Clara Edna Bingham
10. Residence (usual place of abode) (If non-resident, give place and State) Harrison Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Harrison Ida
11. Color or race White 12. Age at last birthday 35 (years)	20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Newton Co. Indiana.	22. Birthplace (city or place) (State or Country) Will Co. Illinois.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work 6/20", 1936	25. Date (month and year) last engaged in this work Still working
17. Total time (years) spent in this work 36	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report DEC 22 1941 (Date of)

Filed Dec 22-1941, 193.. Mabel F Elder
Registrar.

Registrar.

DEC 30 1941

209-129-028-295

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO.
County of kootenai. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

WAYNE SCOTT BRIDGEMAN. being first duly sworn says that

He is the Father of GLENN HARVEY BRIDGEMAN.
(Relationship of child)*

born December 29" 1900. at Harrison. Idaho., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said GLENN HARVEY BRIDGEMAN. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that JOHN BUSBY. M.D. M. D. was the Midwife medical attendant at the birth of said GLENN HARVEY BRIDGEMAN. and that the said medical attendant is NOW DECEASED.
(Now deceased (or) cannot be located)

Name of Affiant Wayne Scott Bridgeman

P. O. Address Harrison, Idaho

Subscribed and sworn to before me this 24th day of November, 19 41

M. L. Stephens
Notary Public.

Residing at Harrison, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 24 1954

145-102-029-445

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: HOME OF PARENTS
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs 11 Mo yrs.

3. **RESIDENCE OF FATHER** (city, state) KENDRICK, IDA

4. **FULL NAME OF CHILD** HARRY Edward AMELING

5. Date of Birth of Child (Month, day, year) Feb. 2, 1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Ameling

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace NEBRASKA City, NEBRASKA (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LIDDIE DUNTZ

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace OGDEN (City or town), IOWA (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO, County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that DOCTOR HUNTER (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Liddie Ameling ..... Signature
Kendrick, Idaho ..... P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941

(SEAL) ..... Notary Public, residing at Kendrick Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel H. Eccles, Registrar.

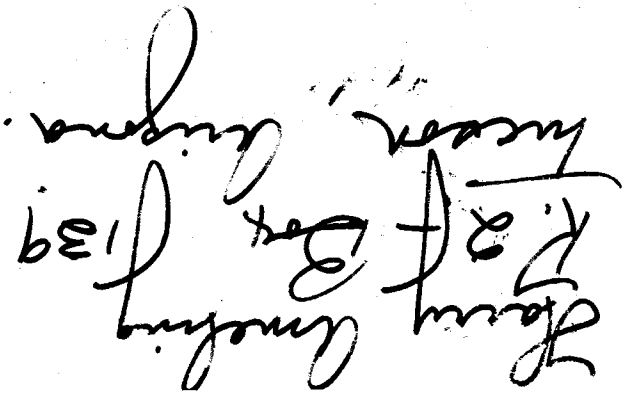
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



766-219 001754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO 327538

State File No. 327538
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Idaho

4. FULL NAME OF CHILD Laneita Irene Pfost

5. Date of Birth of Child (Month, day, year) Aug. 19th. 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Emmitt Pfost
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Butler, Bates County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Margaret Anderson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Dr. George Haley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Margaret Pfost Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941.

(SEAL) O. E. Thamm Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel H. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1968

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 29 1941

State File No. 327623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Mullan, Ida

4. **FULL NAME OF CHILD** Anna Merle Sheehy
5. Date of Birth (Month, day, year) 9-15-1900
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Sheehy
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Murray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Murry Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2: a.mm. on the date and at the place stated above, and that personal particulars were furnished by Addie I McRae (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie I. McRae, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Merle Sheehy (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Worthington (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Addie I. McRae Signature
Enaville Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of Dec., 19 41

(SEAL) Mary M. Stout Notary Public, residing at Kellogg.

Commission expires July 30, 1945.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-215040-449

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida

4. **FULL NAME OF CHILD** Anna Merle Sheehy

5. Date of Birth of Child (Month, day, year) 9-15-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Sheehy
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Novia Scotia (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Murray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Murry, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Addie I. McRae (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -- years of age, that I have known this person for --- years, and that Dr. Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie I. McRae Signature
Enaville, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of Dec., 19 41.

(SEAL) Mary M. Stout, Notary Public, residing at Kellogg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 7-30-1945

Received for filing on Dec 29, 1941 by Mabel F. Elder, Registrar

Form DPH-51130

JAN 6 - 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-249-203-025-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327663
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City on farm near White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7-3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird, Ida.

4. **FULL NAME OF CHILD** Laura Maude Smith

5. Date of Birth of Child (Month, day, year) Jan. 3, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Colman Smith
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Karnes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Delphis (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Elizabeth Karnes, my mother (First name) (Last name), who attended this birth is now deaceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Karnes Smith Signature

2611 North Monroe, Spokane, Wash P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941

(SEAL) E. A. Karnes Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2-1942 by Mabel Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-106-022-766

327665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Egin, Idaho

4. FULL NAME OF CHILD Samuel Edward Smith

5. Date of Birth of Child (Month, day, year) April 6, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sam'l Smith
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Mineral Ridge (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Powell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Coleville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Cecilia (First name) Hansen (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Doctor Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecilia Hanson Signature
316 So. 9th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1941
(SEAL) Hester Lampson Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2-1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-22-025-855

327686

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 29 1941

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County IDAHO (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county X years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City Grangeville
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? Abt. yrs.
   (f) Mother's mailing address Grangeville Idaho

3. **RESIDENCE of FATHER** (City or town) Grangeville, IDAHO

4. **FULL NAME OF CHILD** Lora Bell Castle

5. Date of Birth (Month, day year) Aug. 22. 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Castle
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace X (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Belle Henley
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Neosho (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Levi Castle (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature XXX M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO } ss.
County of IDAHO }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Levi Castle, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lora Bell Castle (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Levi Castle Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of December 19 41

(SEAL) [signature] Notary Public, residing at Grangeville, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 202 036 252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 31 1941
STATE OF IDAHO

State File No. 327774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years ~~xx~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton, Idaho

4. FULL NAME OF CHILD Ada Evelyn Campbell

5. Date of Birth of Child (Month, day, year) January 2, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy unknown

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Garrett LeRoy Campbell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Best
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bourbon County - Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 41 years, and that midwife (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie M. Love Signature
Rt. 2, Gridley, Calif. P. O. Address

Subscribed and sworn to before me this 20 day of December, 19 41

(SEAL) My Commission Expires July 2, 1942 Notary Public, residing at Gridley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Muriel H Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

FEB 25 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-230-014-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 327789
Local Reg. No.
Reg. Dist. No.

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1920 Cleveland Bvd
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1920 Cleveland Bvd
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Ann Rice

5. Date of Birth of Child (Month, day, year) 7/30/1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John C. Rice
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springfield (City or town), Illinois (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Beshears
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — A.M. on the date and at the place stated above, and that personal particulars were furnished by John C. Rice (First name) (Last name), who was is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Mrs Linnie D. Brixon ~~M.D.~~ ~~Midwife~~ Address Monrovia, Calif Date 12/30/41

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Muriel F. Eeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Emerson Elliot Waters.

5. Date of Birth of Child (Month, day, year) 2-18-1900

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Hamilton Waters.
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Harrisburg (City or town) Oregon (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Love Reese
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Morgan Creek (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that Doctor Hunt (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Love Waters. Signature

P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.

(SEAL) Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel H. Fuller, Registrar.

JAN 5 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 2 1942

327802

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Almeda
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Almeda
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 6 mos yrs.
   (f) Mother's mailing address Garfield Wash.

3. **RESIDENCE of FATHER** (city, state) Almeda Ida.

4. **FULL NAME OF CHILD** Emil Wright Arrasmith

5. Date of Birth (Month, day year) Mar. 25- 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaiah Dudley Arrasmith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ames Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mabel Wright
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Near present town of Potlatch. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) Mabel F Kelly (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary M. Arrasmith, being first duly sworn, say that I am Mother (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I da Dudley (Name of attendant at birth), who attended said birth I so now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary M. Arrasmith Signature

P. O. Address

Subscribed and sworn to before me on this 29th day of Dec 1941.

(SEAL) Thomas E McDonald Notary Public, residing at Spokane

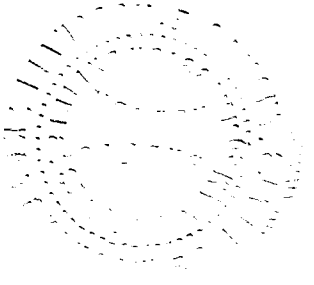
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327841
Local Reg. No.
Reg. Dist. No.

Adams Co JAN 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington now Adams Co (b) City
(c) Street Address or R.F.D. No. Council, Ida
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery: IN THIS county 18 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) ~~City~~ Council, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elizabeth Robertson

5. Date of Birth of Child (Month, day, year) Feb. 27-1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Robertson
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Cainsville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha ~~Clark~~ Harp
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Cainsville (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~~~

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Adams }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 41 yrs. 10 mos years, and that Sarah Harp (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ward Signature

P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941

(SEAL) Notary Public, residing at Council Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mamie Keller, Registrar.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 3 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Shoshone
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone

4. FULL NAME OF CHILD Deleral Forrest Mac Clure

5. Date of Birth of Child (Month, day, year) Mar-12-1900

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Forrest Mac Clure
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fairfax (City or town) Iowa (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Deleral
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Los Angeles (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Unknown (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva F. Hansen ...Signature
6816 Arbol Dr. Hollywood Cal. ...P. O. Address

Subscribed and sworn to before me this 30 day of December, 1941.

(SEAL) Gay A. Brainard Jr. ...Notary Public, residing at 2605 Oakhurst Dr Bev. Hills

MY COMMISSION EXPIRES NOV. 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

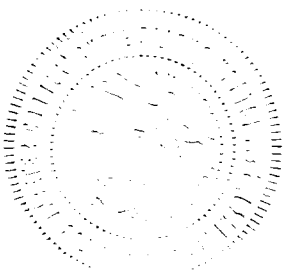
Received for filing on JAN 3 1942 by..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

467 214605-235

327882

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327882
Local Reg. No.
Reg. Dist. No.

JAN 2 1942

1. PLACE OF BIRTH
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address near Oxford, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gladwin Morehead

5. Date of Birth (Month, day year) Mar. 14, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Claiborn Morehead

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Smithfield, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Stephenson

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Adamsville, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above and that personal particulars were furnished by Daniel C Morehead who is (First name) (Last name) related to this child as Father (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladwin Morehead (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Daniel Claiborn Morehead Signature

1247 W. 48th St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 22nd day of Dec 1941.

(SEAL)

Notary Public, residing at Los Angeles

My Commission Expires

JAN ? 19??

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

327950

JAN 3 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home -- days.
IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Elba, Idaho

3. RESIDENCE of FATHER (city, state) Elba, Idaho

4. FULL NAME OF CHILD Llnina Robinson (married name) Llnina Christopher/son

5. Date of Birth (Month, day year) Jan. 10, 1900

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas H. Robinson

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda Smith

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Jefferson City, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 3 1942 (Date received) (b) Maud H Feeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Matilda Smith Robinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Llnina Robinson Christopherson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gamble (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Matilda Smith Robinson Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of December, 19 41

(SEAL) Notary Public, residing at Burley, Idaho

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-124-035-495

327964

United States Department of Commerce Bureau of the Census — JAN 5 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Not numbered
(d) Name of Hospital or Maternity Home: — Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Not numbered
(e) How long has **MOTHER** lived in Idaho? 11 - mos.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Raymond Nelson

5. Date of Birth of Child (Month, day, year) July 24 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Emil Nelson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Rushford (City or town) Minn. (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Lewiston Merc. Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mabel Richman
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Warsaw (City or town) Illinois (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. J. B. Morris (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Mabel Nelson Signature

3964 N. Overlook Tr. Portland Oregon P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41.

(SEAL) Mrs. E. Thompson Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires 11/21/43.

Received for filing on JAN 5 1942 by Mabel H. Golden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 3 1942

United States Department of Commerce Bureau of the Census (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: -----
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Malad City, Idaho

4. FULL NAME OF CHILD William Hugh Heaston

5. Date of Birth of Child (Month, day, year) February 3, 1900

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William C. Heaston, Jr.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oneida County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Blanche Evans
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Malad City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon, County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that William C. Heaston, Jr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C Heaston Jr Signature
1729 Fargo St., Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me this 24th day of December, 1941.

(SEAL) ..... Notary Public, residing at Klamath Falls, Oregon.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My commission expires May 24 1943

Received for filing on JAN 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 5 1942

327985

United States 39-14-014 (Be sure the information is as of date of birth of THIS child) State File No.

Department of Commerce 414 **CERTIFICATE OF BIRTH** Local Reg. No.

Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 7 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 plus yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD August David Carstens

5. Date of Birth of Child (Month, day, year) Dec. 14, 1900

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Carstens
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation U. S. Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Dau
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Fehmarn (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Mrs. Hyram Pratt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Dau Carstens Signature
252 So. 8th St., Payette, Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942
(SEAL) [signature] Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395-229 044-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Heath
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Heath
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Heath, Idaho

4. FULL NAME OF CHILD Mary May Livingston

5. Date of Birth of Child (Month, day, year) May 29, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Thomas Livingston
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cedar Rapids (City or town) Iowa (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Lettie Kikendall
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Otsego (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth there was no attendant (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rhoda Ackerman Signature
415 avenue C P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941
(SEAL) N. C. Krappe Notary Public, residing at Snohomish.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238 VII D14 819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328008
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 18 years month / days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D.No. Middleton
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Middleton

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Thomas Wilford Schwartz

5. Date of Birth (Month, day year) April 11, 1900.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Schwartz
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brownsville, Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Jane Hartley
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Paintersville, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Marvel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Dr. A. F. Isham Deceased. M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George W. and Rebecca Schwartz being first duly sworn, say that ~~I am~~ we are the parents (Related to (or) acquainted with)
Thomas Wilford Schwartz as parents, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. F. Isham, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

George W. Schwartz Signature
Rebecca Jane Schwartz
Caldwell, Idaho, R. F. D. #1 P. O. Address

Subscribed and sworn to before me on this 24th day of December, 1941

(SEAL) Clem Groome Notary Public, residing at Caldwell, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

DEC 27 1941

STATE OF IDAHO

State File No. 328069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James XXX Alan Wilson
5. Date of Birth (Month, day, year) July, 30, 1900
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathew Albert Wilson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Armstrong Co, Pa (City or Town) (State or foreign country)
14. Exact Occupation Sheep raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olive Applegate
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ada County, Idaho. (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Mary Olive Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 12/26/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

JAN 7 1942

United States Department of Commerce Bureau of the Census 003-462

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida ho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Thomas Jefferson Barbour

5. Date of Birth of Child (Month, day, year) May 21 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Barbour Sr
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Helena (City or town) Montana (State or foreign country) USA
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Moss
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Big Cottonwood (City or town) Ter of Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. (First name) Cully (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Cully Signature

709 South 3rd, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January 19 42.

(SEAL) W. W. Henderson Probate Judge, Bannock Co., Idaho Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel T. Eagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328154

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) ~~City~~ Mann's Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Mann's Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Vance Russell Hitt

5. Date of Birth (Month, day year) 2-1-1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos F. Hitt

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Ohio (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Jeannette Logan

17. Color or Race

18. Age at time of THIS birth 41 yrs.

19. Birthplace Omaha (City or town) Nebraska (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) Jan 9-1942 (Date received) (b) Mary Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louella Poteet, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vance Russell Hitt (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.B. Shirley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louella Poteet Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of January 1942

(SEAL) Notary Public, residing at Boise, Idaho

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

JAN 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328170
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. R.1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Harvey Franklin De Meyer

5. Date of Birth of Child (Month, day, year) Jan 24, 1900

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tom De Meyer
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Antwerp (City or town) Belgium (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Cobble
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Demyer Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942
(SEAL) R W Adams Justice of Peace Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Maud T Eeller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 4497 (2C/6 291 328183

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Almo, Idaho

4. FULL NAME OF CHILD Leslie James Durfee

5. Date of Birth of Child (Month, day, year) July 2, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Durfee
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Almo, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Brackenberry
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Three Mile, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Mary (First name) Green (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Kate Brackenberry Durfee Signature
4576 North Ave. San Diego, Calif. P.O. Address

Subscribed and sworn to before me this 6th day of January, 1942.

(SEAL) Leila F. Hoggard Notary Public, residing at 4628 Park Blvd. San Diego, Calif.

My Commission Expires Aug. 25 1942

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel F. Eeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by~~ the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Kate Brackenberry Dunlee being unable to write her name, has made her mark, and I, at her request and in her presence, have written her name for her near her mark, and now sign my own name as a witness.

Leila F. Hoggard

NOTARY PUBLIC

and for the County of San Diego, State of California

My Commission Expires Aug. 25, 1942.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328199
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Edna Blanche Smith

5. Date of Birth of Child (Month, day, year) Sept. 10, 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 ?

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Enos Colby Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Santa Rosa, California. (City or town) (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Elizabeth Clark
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Meadows, Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Doctor Blake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enos Colby Smith Signature
Cascade, Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of Jan, 1942
(SEAL) J. C. Lefever Notary Public, residing at Cascade
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293 12 022 293

JAN 10 1942

328200

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No. 248

Reg. Dist. No. 641

CERTIFICATE OF BIRTH
STATE OF IDAHO

Now Jefferson

Now Jefferson

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rudy
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (at time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rudy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Rudy Ida.

4. FULL NAME OF CHILD Golden Harold Kite

5. Date of Birth of Child (Month, day, year) Sept. 12 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Issac Franklin Kite
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gretta Evelin Kite
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Millville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None other

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY [illegible]TIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4 o'clock P. M. on the date and at the place stated above, and that personal particulars were furnished by Gretta E. Kite (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that Helen Purser Kite (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gretta Evelin Kite Signature

Rigby #2. Idaho P. O. Address

Subscribed and sworn to before me this 5 day of January, 1942

(SEAL) Anna R. Miller Notary Public, residing at Ririe Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10 - 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-23(444-21)

328242

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 13 1942

State File No. 328242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on the Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows, Ida.

4. FULL NAME OF CHILD Nora Belle Myers

5. Date of Birth of Child (Month, day, year) Jan. 31, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elijah Henry Myers
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maryann Iona Karleskint
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 42 years, and that Mrs. Tommy Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Taylor Smith Signature

425 Jefferson St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) ____ Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel T. Eelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 246 244 215

328249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 29 1941

State File No. 328249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No. Montpelier
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 48 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Helen Tueller

5. Date of Birth of Child (Month, day, year) 16 April 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** David Tueller
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace 18 Jan. 1875 Bern Switzerland (City or town) (State or foreign country)
14. Exact Occupation Laberer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Salvisberg Tueller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace 14 March 1878 Ostigen Bern Switzerland (City or town) (State or foreign country)
20. Exact Occupation Haus wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Dr. W. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Tueller Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 27th day of December 19 41

(SEAL) Chas E Reeves Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

United States
Department of Commerce
Bureau of the Census
819.2K 022689

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

328344

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City La Belle
(c) Street Address or R.F.D No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City La Belle
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Edna Harrop

5. Date of Birth (Month, day, year) Nov-19-1900

6. Sex. Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Harrop
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Cattleman and Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie A Whitman
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Burks Garden, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. (First name) Clark (Last name), who is related to this child as midwife (Mother, etc.)

26. (a) JAN 7 1942 (Date received) (b) Mabel F. Elfers (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by..... (Registrar's signature)

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

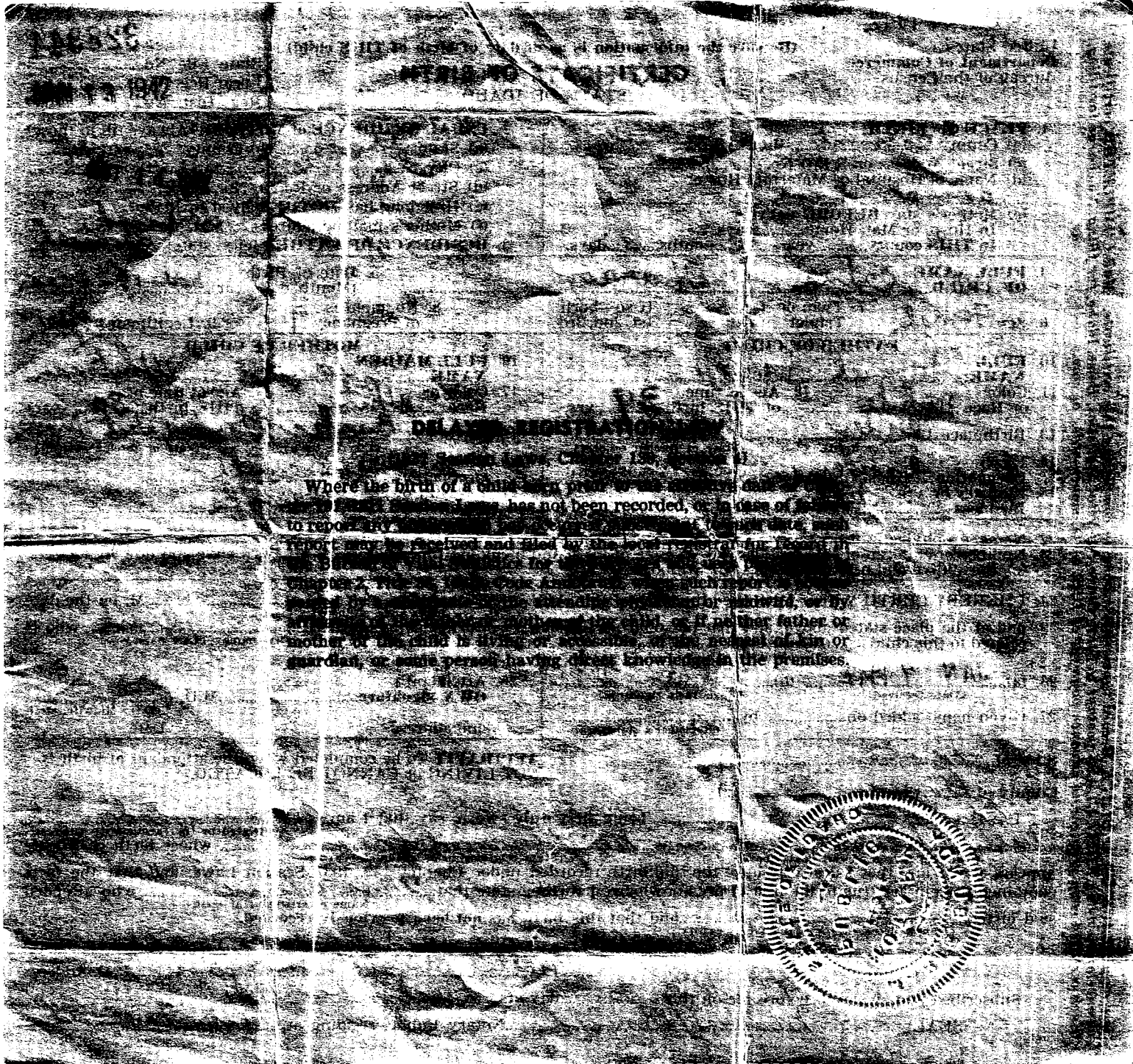
I, Edna Harrop, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Nellie Elizabeth Morgan (Name of person on certificate above) as Neighbor and friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Clark (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lorenzo Idaho address ~~Name~~
Nellie Elizabeth Morgan P. O. ~~Address~~

Subscribed and sworn to before me on this 30 day of December 1941

(SEAL) Marie Bundy Notary Public, residing at Idaho Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



JAN 13 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City ALBION
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ALBION
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) ALBION, IDAHO

4. FULL NAME OF CHILD JOHN GIBSON DANNER

5. Date of Birth of Child (Month, day, year) JANUARY 13, 1900

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FREDERICK S. DANNER
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace CHRISTIAN COUNTY (City or town) MISSOURI (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE MATHILDA LEWIS
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace BRIGHAM CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 84 years of age, that I have known this person for 42 years, and that Dr. Richard Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick S. Danner Signature
1538 - 10th Street, Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942
(SEAL) Henrietta Schneider Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H Elson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-117-036-165

328622

328622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD John Reynold Ezell

5. Date of Birth of Child (Month, day, year) Feb. 17, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hart Hillman Ezell
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rock Castle (City or town) Ky. (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jones [redacted]
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stilborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Dr. James Marion Kearns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jones Ezell Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel E. Ezell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

328627

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

328627

JAN 19 1942

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Acel Dallas Lolley

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Apr. 30 1930 (Month, Day, Year)

FATHER

9. Full name: John Edwin Lolley

10. Residence (usual place of abode) Boise (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 71 (years)

13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work December, 1929

17. Total time (years) spent in this work 40 Yrs

MOTHER

18. Full maiden name: Rosetta Saling

19. Residence (usual place of abode) San Francisco (If non-resident, give place and State) Calif.

20. Color or race White | 21. Age at last birthday 74 (years)

22. Birthplace (city or place) (State or Country) Sarpe Co. Nebr.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work July 8, 1940

26. Total time (years) spent in this work 55 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) Eight

(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) No attending Physician, M. D.

or No Midwife, Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JAN 19 1942, 193 .....

Registrar.

Registrar.

363-130-044-1213

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Mateo } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosetta McKenzie being first duly sworn says that

She is the Mother (Relationship of child)* of Acel Dallas Lolley

born April 30, 1900 (Date of birth) at Weiser, Washington Co., Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Acel Dallas Lolley

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None, M. D., was the Midwife medical attendant at the birth of said Acel Dallas Lolley and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant Rosetta McKenzie

P. O. Address 2708 Geneva Ave San Francisco Calif.

Subscribed and sworn to before me this 8th day of July, 1940

Howard P Brown
Notary Public.

Residing at Bay Shore California

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state thnt fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

COMMISSION EXPIRES MARCH 28, 1943

AN 1 8 1949

OCT 17 1961

29-111-029 652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 12 1942

State File No. 328657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** P. O. Address:
(a) County Latah (b) City Garfield, Wn.
(c) Street Address or R F D No. on farm
(d) Name of Hospital or Maternity Home: -- Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---days.
In **THIS** county ...years ...months ...days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City in country
(d) Street Address or R.F.D. No. P.O. Garfield
(e) How long has **MOTHER** lived in Idaho? 13½ yrs.
(f) Mother's mailing address Garfield, Wn.

3. **RESIDENCE OF FATHER** (city, state) Garfield, Wn. Idaho P. O.

4. **FULL NAME OF CHILD** William Paul Krasselt

5. Date of Birth (Month, day, year) Aug. 11, 1900

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Paul Krasselt
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Rossgen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Rosetta Fessenden
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Near East Port- land (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Krasselt (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) Mabel H. Eckler (Registrar's signature)

27. Given name added on ...by... (Registrar's signature)

25. Attendant's **OWN signature** ...M.D. or... (D.O., Midwife, etc.)
and address ... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Rosetta Krasselt, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Paul Krasselt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Augusta Leistner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Rosetta Krasselt ...Name
Route 3, Garfield, Washington ...P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1942.

(SEAL) HARRY A. THATCHER, Ex-officio Auditor and Recorder ...Notary Public, residing at Moscow, Idaho

By Rose E. Rawson Deputy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942 SEP 8 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-215030-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No. P.O. Baker
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No. P.O. Baker
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Baker Idaho

4. FULL NAME OF CHILD Esther Whiteside Rose

5. Date of Birth of Child (Month, day, year) Nov. 15th 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Allen Rose
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gula Maud Winchell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Horicon (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Idaho~~ California
County of ~~Lemhi~~ Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 41 years, and that Mrs. Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Madeleine W. Rose
1741 Oak St. Santa Monica Cal.
Signature
P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941

(SEAL) Cecil A. Weiss Notary Public, residing at Santa Monica

My Commission Expires January 6, 1945

NOTARY PUBLIC
in and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Marvel H. Elder, Registrar.

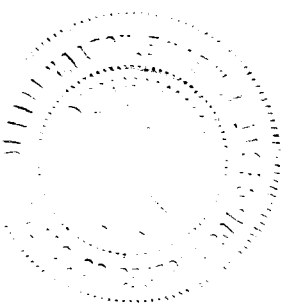
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 8 1942 165-120-037-366

328770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Idaho

4. FULL NAME OF CHILD Frank Lindsey Jones

5. Date of Birth of Child (Month, day, year) 7/20/1900

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Jones
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Mobile (City or town) Alabama (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer & Stockraiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Mable Lowe
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Champlain (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 41 years, and that Mrs. H. D. Lawson (First name) (Last name), who attended this birth Midwife (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~Frank Lindsey Jones~~ Signature
Martha Emmaline Randall
Bruneau Ida P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942
(SEAL) Geo F Robertson Notary Public, residing at Glenns Ferry, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

328776

United States Department of Commerce Bureau of the Census

349-211-040-391

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. East Pearl St
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. East Pearl St
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) One Year

4. **FULL NAME OF CHILD** Esther Abigail Turner

5. Date of Birth of Child (Month, day, year) Feb. 11, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Robert Turner
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Grand Haven (City or town) Michigan (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Music

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Mae Craigie
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Quebec, (City or town) Quebec Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Dr C.E. Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm R. Turner Signature

217 Pine St Wallace Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42

(SEAL) Emma Dattisch (Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of [redacted] which has occurred subsequent to such ~~received and filed by the local registrar for~~ Vital Statistics for the purposes and uses Title 38, Idaho Code Annotated, when suc a certificate of the attending physician o of the father or mother of the child, or neither father or mother of the child is living or accessible, of th nearest of kin or guardian, or some person having direct knowledg in the premises.

434-12-1040-386

328790

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....
Local Reg. No. 4
Reg. Dist. No. 140

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Wallace.
   (c) Street Address or R.F.D. No. ....
   (d) Name of Hospital of Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home .... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Wash. (b) County Spokane
   (c) City Spokane
   (d) Street Address or R.F.D. No. 5-18 W. Mountgomery
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice)
   Spokane. Wash.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased.

4. **FULL NAME OF CHILD** Clyde Robert McDonald

5. **DATE OF BIRTH** (Month, day, year) Dec 21. 1900

6. Sex Son (Female)

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Alex McDonald.

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Prince Edwards Island
(City or Town) (State or foreign country)

14. Exact Occupation Mining

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Thomas.

17. Color or Race White.

18. Age at time of THIS birth 26 yrs.

19. Birthplace Cornwall England.
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2.
(c) Born alive and now dead 3 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was .... (born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia McDonald (First name) (Last name), who is related to this child as .... (Mother, etc.)

25. Attendant's **OWN signature** Sophie L. Thomas M.D. (D.O., Midwife, etc.)
and address .... Date ....

26. (a) Jan-12-43 (Date received) (b) Edward Byrn (Registrar's signature)

27. Given name added on .... by .... (Registrar's signature)

SEP 13 1965

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

386 114 025 958

328797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Grangeville Idaho

4. **FULL NAME OF CHILD** Jess Wayne Thompson
5. Date of Birth (Month, day, year) Nov 14 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Baldwin Thompson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Altumwa Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malinda Emily Zehner
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Springfield Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Montana
County of Silver Bow } ss.

I, Malinda Emily Thompson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Jess Wayne Thompson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Malinda Emily Thompson Signature
1307 Stewart St, Butte, Mont P. O. Address

Subscribed and sworn to before me on this 13th day of January, 1942

(SEAL) Charles Brogan Notary Public, residing at Butte, Montana

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1958

JUN 24 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-121-006-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328804
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Backfoot
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? ten yrs.

3. **RESIDENCE OF FATHER** (city, state) S.F. Calif.

4. **FULL NAME OF CHILD** JOHN SWIERS GLANVILLE

5. Date of Birth of Child (Month, day, year) April 21, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy - 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE WILLIAM GLANVILLE
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bedford, (City or town) Iowa (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business In business for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE WOOD
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Liverpool (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mary Wood (midwife), who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George William Glanville Signature

871 Turk St P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Barnard J. McCall Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-128-DEC-913

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 328809
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address ~~or R.F.D.~~ No. 139 State
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address ~~or R.F.D.~~ No. 139 State
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Joseph Elmer Gilbert

5. Date of Birth of Child (Month, day, year) Jan. 28 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Seaton Norval Gilbert
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Rexford (City or town) Illinois (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Ratliff
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for years, and that Dr. Mrs. (Name forgotten) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Gilbert Signature
Lebanon Oregon P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42

(SEAL) Harvey A. Wright Notary Public, residing at Lebanon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires October 24th 1943

Received for filing on JAN 15 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-110-022-753

JAN 13 1942

328854

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at home (on farm)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho.

4. FULL NAME OF CHILD Melvin Claus Hoffman

5. Date of Birth of Child (Month, day, year) 9-10-1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Axel Hulger Claus Hampus Hoffman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer-(Agr.)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katreena Peterson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Tyvilse (State or foreign country) Denmark
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Martha Brian (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs James Kinghorn Signature
Rigby R-1 Idaho P. O. Address

Subscribed and sworn to before me this 8 day of January, 1942

(SEAL) Bash L. Barnett Notary Public, residing at Rigby, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-20-225-55P

328896

United States
Department of Commerce
Bureau of the Census

JAN 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 1 3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, I

4. **FULL NAME OF CHILD** Marie Minnie McCarthy

5. Date of Birth of Child (Month, day, year) June 10, 1900

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Florence McCarthy
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Washington, D. C. (City or town) (State or foreign country)
14. Exact Occupation Assistant Principal
15. Industry or Business Grangeville Public Schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Newsham
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace near Albany, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum -- I do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Minnie McCarthy (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Arizona }
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Dr. Samuel (First name) Ribby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. expires 12-9-45

x Mrs. Minnie May McCarthy Signature
Rt. 7, Box 596, Biltmore Dr. Phoenix P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42 Arizona

(SEAL) ____ Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by ____, Registrar.

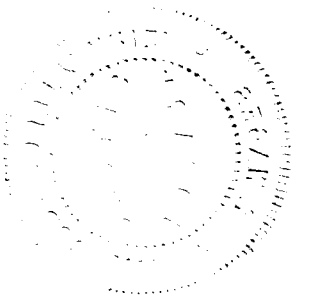
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-105-E14-249

329016

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329016
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell Idaho
   (c) Street Address or R.F.D. No. 923 Cleveland Blvd
   (d) Name of Hospital or Maternity Home: At own home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 923 Cleveland Blvd.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** William Ralph Jones.

5. Date of Birth of Child (Month, day, year) October 5th 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Barrington Jones
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Burnt County (City or town) Ill. (State or foreign country)
14. Exact Occupation Clerk in Grocery Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Jane Smith
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wakefield Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child three. (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 40 years, and that William Ralph Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet J Raynor Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-108-006-954 329025

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs 4 mos yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Barzilla White Pruett

5. Date of Birth of Child (Month, day, year) Feb 8 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Pruett
11. Color or Race Am.
12. Age at time of THIS birth 52 yrs.
13. Birthplace Mississippi (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Inman
17. Color or Race Am.
18. Age at time of THIS birth 41 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Fannie (First name) Clark (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Pruett Signature

P. O. Address

Subscribed and sworn to before me this 23 day of January, 19 42

(SEAL) James E Bogart Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-11-001-719 JAN 26 1942

329066

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 329066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City
(c) Street Address or R.F.D.No. Close to Star
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D.No. Close to Star
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Star Idaho

3. RESIDENCE of FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD William Jennings Young

5. Date of Birth (Month, day year) 18 December 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Young
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Heartsville Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margret Jane Garrett
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Perry Young (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 26 1942 (Date received) (b) Mary F. Selder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.C., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

789-131-016-693

329115

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D.No. Village
   (d) Name of Hospital or Maternity Home: In Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In Home
   IN **THIS** county 71 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D.No. 1st Stl
   (e) How long has **MOTHER** lived in Idaho? 63 yrs.
   (f) Mother's mailing address 421 st St Rupert

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Kenneth Ray Phippen

5. Date of Birth (Month, day year) Dec.31 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wilford Freeman Phippen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Cedar Fork Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louise Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) Mary E Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma L. Phippen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Ray Phippen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Story (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Emma Louise Phippen Signature

421 -1st St P. O. Address

Subscribed and sworn to before me on this 13th day of January, 1942

(SEAL) A.K. Friesen Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

151-105-025-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City WARREN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City WARREN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Warren, Idaho

4. FULL NAME OF CHILD LOUIS JEANNOT

5. Date of Birth of Child (Month, day, year) JAN. 5-1900

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Jeannot
11. Color or Race white
12. Age at time of THIS birth 67 yrs.
13. Birthplace (City or town) France (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marcus
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace (City or town) Antonetta (State or foreign country) Colorado
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Wyandotte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Tony Midwife (First name) Juanita Smith (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

3/23 1944 Joseph A. Jeannot Signature
316 So. Early, Kansas City Kansas
P.O. Address

Subscribed and sworn to before me this 10 day of Jan, 1942
(SEAL) Ruth Kinger Notary Public, residing at 1925 Sw Blvd Kansas City, Ks
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

OCT 13 1958

AYED REGISTRATION LAW

on Laws, Chapter 139, Section 4)

a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-117-001-456

329127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Frank Alfred Gardner

5. Date of Birth of Child (Month, day, year) Feb. 17, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ezra Gardner
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mindewell DeWitt
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 5:20 a M. on the date and at the place stated above, and that personal particulars were furnished by Mindewell Gardner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature No M.D. M.D. Midwife Address Martha DeWitt Date Deceased

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Martha (First name) DeWitt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mindewell Gardner Signature
Black Foot, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) Gregory Jones Notary Public, residing at Black Foot, Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) 418 N. E. Main

Received for filing on JAN 15 1942 by [illegible] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-12-035-867

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 329137

Local Reg. No.

Reg. Dist. No.

JAN 15 1942

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Lewiston

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Virginia (b) County

(c) City Richmond.

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Thomas Emerson Van Mater

5. Date of Birth (Month, day year) 10/24/1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Van Mater

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Newark New Jersey (City or town) (State or foreign country)

14. Exact Occupation Book Keeper

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Alzina Hogle

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Sanwich, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)

and address Date

State of California. } ss.
County of Fresno }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Allyn, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) Thomas Emerson Van Mater (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jennie Allyn, Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of January 19 42

(SEAL) Clarence Phillips Notary Public, residing at Fresno, California

My commission expires April 15, 1945.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-113-003-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 22 1942

State File No. 329237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No 440 North Main St
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No 440 N. Main St
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Le Vern Edwin Jensen

5. Date of Birth of Child (Month, day, year) 4-13-1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Peter Jensen
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Carman
15. Industry or Business Un. Pac. R.R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Christensen
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Aarhus (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Dr. L. F. Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Marie Jensen Signature
533 North Hayes St., Pocatello, Ida Address

Subscribed and sworn to before me this 14 day of January, 19 42.
(SEAL) S. L. Stovall Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mark Feld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-128 JAN 5 1942 9

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Box 22
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Box 22
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho.

4. FULL NAME OF CHILD Theo Moulton.

5. Date of Birth of Child (Month, day, year) Aug. 28th 1900.

6. Sex Boy, 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Clayton Tilfen Moulton.
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Gentry County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Marie Marechal
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Junkee County (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife. Port Washington
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at Home at noon P.M. on the date and at the place stated above, and that personal particulars were furnished by Amanda I. Hall (First name) (Last name) who is related to this child as Sister. (Mother, etc.)

25. Attendant's **OWN** signature Amanda I. Hall M.D. Midwife Address Emmett Date Aug. 28-1900

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-124-032-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No. "General Delivery"
(d) Name of Hospital or Maternity Home: Residence "home"
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon City, Idaho

4. FULL NAME OF CHILD Loyd Charles Van Vleet

5. Date of Birth of Child (Month, day, year) Aug. 24-1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Van Vleet
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace La Cross (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Celesta Haney
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Morristown (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Helen (First name) Frost (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Celesta Van Vleet Rayburn Signature
841456 Foster Road - Portland, Oregon P. O. Address

Subscribed and sworn to before me this 14 day of January, 1942

(SEAL) W W Graves Notary Public, residing at Portland Oregon
For Oregon
My Commission Expires Jan. 10 1940

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-11-8-035-613

330540

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No. on ranch
(d) Name of Hospital or Maternity Home: born on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City on farm near Melrose
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Ida, Melrose

4. FULL NAME OF CHILD Hugh Curry

5. Date of Birth of Child (Month, day, year) Dec. 18. 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 00

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore Curry
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ashland (City or town) County (State or foreign country) Ohio
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie May Walker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ruggles (City or town) Ashland Co (State or foreign country) Ohio
20. Exact Occupation house wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Asotin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that my sister in law (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie May Walker Curry Signature

R.F.D.1. Gifford Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 19 42

(SEAL) Notary Public, residing at Clarkston, Wn.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

MAR 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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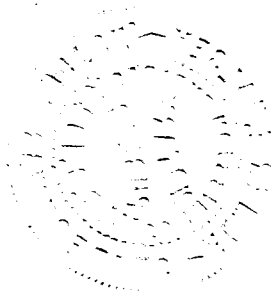

553-130-028-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330575
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5/12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Oliver Nelson

5. Date of Birth of Child (Month, day, year) 30 Mar. 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Oliver P Nelson
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Vexo (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith H Carnegie
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Filmore (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Jane (First name) Carnegie (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver P Nelson Signature
Kettle Falls Wash P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) Ray H Cranston Notary Public, residing at Kettle Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-205-020-255

330597

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Mtn. Home, Ida.

4. FULL NAME OF CHILD Edith May Bennett

5. Date of Birth of Child (Month, day, year) May 5-1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Bennett
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Chacewater, Cornwall, Eng. (City or town) (State or foreign country)
14. Exact Occupation Sheep Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Annie Benney
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Brag, Cornwall, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 41 years, and that Dr. Wm. F. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora A Bennett Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 19 42.

(SEAL) Ethel Bennett Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 10 1942 866-112-D16-344

330606

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Merle Ralph Howells.

5. Date of Birth of Child (Month, day, year) Jan. 12, 1900

6. Sex male

7. Twin or Triplet One — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Price Howells.
11. Color or Race white
12. Age at time of THIS birth 56 yrs.
13. Birthplace Tooele City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Cummins.
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Grantsville, Utah. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Dr. R. T. Story, (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Price Howells Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942.

(SEAL) [signature] Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

JUN 20 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-103-035-221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330614
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Craigmont
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Craigmont
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Carrol D. Thomason

5. Date of Birth of Child (Month, day, year) Jan. 3, 1900

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9 X

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis M. Thomason
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Carrol Co., Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah E. Skaggs
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace XX (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Rebecca A. Lyle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Yates Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942

(SEAL) [signature] Notary Public, residing at Grangeville-

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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551-114-001-613 JAN 30 1942 330679 330679

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1514 Franklin St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1514 Franklin St
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Horace Albert Neal

5. Date of Birth of Child (Month, day, year) Sept. 19, 1900.

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Edwin Neal

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Nemaha County (City or town), Nebraska (State or foreign country)

14. Exact Occupation Banking - Cashier

15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Wallace

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Idaho City (City or town), Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that Dr. H. P. Ustick (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. E. Quine Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) Frances McKenna Notary Public, residing at Notary Public for Idaho Residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission expires Nov. 5, 1944

Received for filing on JAN 30 1942 by ....., Registrar.

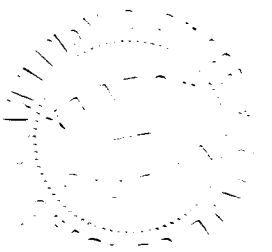
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



193-104-036-297 330699

330699

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. PLACE OF BIRTH
(a) County Oneida (b) City Daniels
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Daniels
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address Malad, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD LEO ARCHIBALD

5. Date of Birth (Month, day year) April 4, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLARD ARCHIBALD

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Wellsville, (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer and stockgrower

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LAURA ELIZABETH BIGLER

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Farmington, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1942 (Date received) (b) Mabel H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LAURA ELIZABETH ARCHIBALD, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Leo Archibald (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Stuart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Elizabeth Archibald Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of January, 19 42

(SEAL)

Notary Public, residing at Pocatello, Idaho

My commission expires: May 20, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

981-111-014-98

United States
Department of Commerce
Bureau of Census

JAN 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330727
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at farm home.
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D.No. 1 Caldwell
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Caldwell R.R. 1.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Earl Melvin Ryals

5. Date of Birth (Month, day year) March 11 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alvin Joseph Ryals
11. Color or Race white american
12. Age at time of THIS birth 25 yrs.
13. Birthplace Middleton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Emma Ryals
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Middleton (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dead M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alvin Joseph Ryals, being first duly sworn, say that I am The Father (Related to (or) acquainted with) ..... (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — Dead (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alvin Joseph Ryals. Signature

..... P. O. Address

Subscribed and sworn to before me on this 26 day of Oct. 1941

(SEAL) ..... Notary Public, residing at NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES JAN. 1, 194

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1975

MAY 26 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

132-127-029-342

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330760
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 53
(e) How long has **MOTHER** lived in Idaho? 53 yrs.
(f) Mother's mailing address Lewiston Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD MARVIN LEONARD ALBRIGHT
5. Date of Birth (Month, day year) June 27-1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM F. ALBRIGHT
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Minneapolis Minn.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LUSK
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace AVOCA Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Albright (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) JAN 20 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature Mary Albright, M.D. (D.O., Midwife, etc.)
and address Lewiston Ida. Date 12-16-41

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Latah } ss.

I, Mary Albright, being first duly sworn, say that I am Related (Related to (or) acquainted with) Marvin Leonard Albright (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adair (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

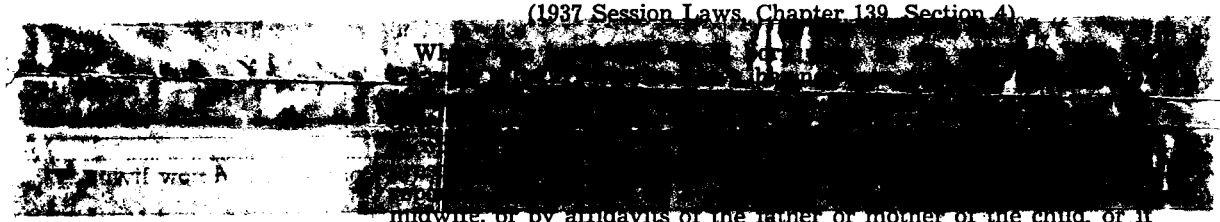
Mary Albright Signature
Lewiston Idaho. P. O. Address

Subscribed and sworn to before me on this 16 day of Dec. 1941
(SEAL) Notary Public, residing at Lewiston, Idaho

JAN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-202-025-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 2 yrs.
(f) Mother's mailing address Kooskia, Ida

3. RESIDENCE of FATHER (city, state) Kooskia Ida

4. FULL NAME OF CHILD Myrtle May Cressler

5. Date of Birth (Month, day year) 1900-2-25

6. Sex Female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Burton Frances Cressler
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace S. Chadcroft (City or town) Mich (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Lee Stewart
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.).

26. (a) JAN 20 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT
To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Idaho }

I, B. F. Cressler, being first duly sworn, say that I am Related (Related to (or) acquainted with) Myrtle May Cressler (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. F. Wholenberg (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

B. F. Cressler Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November 1942.
(SEAL) Owen F. Maynard Notary Public, residing at Kooskia Idaho

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-22235-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330899
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City Orofino
(c) Street Address or R.F.D. No. in country
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Rubbens
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Rubbens, Ida

4. FULL NAME OF CHILD Hazel May Howe

5. Date of Birth of Child (Month, day, year) 11/22-1900

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ira Rolderson Howe
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace DesMoines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jane Stanley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Albia, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Alice Jane Moore (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature was none M.D. Midwife Address none Date

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that No doctor (First name) (Last name), who attended this birth dont know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Jane Moore Signature

Toledo, Washington. P. O. Address

Subscribed and sworn to before me this 14th day of Jan., 19 42

(SEAL) E. C. Stamm Notary Public, residing at Toledo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 19[illegible]

JAN 17 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-11-6028-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330936
Local Reg. No.
Reg. Dist. No.

JAN 28 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Percy Earl Tyree

5. Date of Birth of Child (Month, day, year) 9/16/1900

6. Sex — 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Columbus Tyree
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace South West City (City or town) Missouri (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Francis Robinson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace South West City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Elsie Newton (First name) (Last name), who attended this birth declared (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frances Tyree Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 19 42

(SEAL) Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

MAY 21 1953

DELAYED R[illegible] LAW

(1937 Session Laws, [illegible])

[illegible] Annotated, when su[illegible] attending physician or midwife, or by affidavits of the [illegible]other of the child, or if neither father or mother of the [illegible]g or accessible, of the nearest of kin or guardian, or s[illegible]aving direct knowledge in the premises.

255-225-044-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Mineral
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Mineral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nelle Anne Kennedy

5. Date of Birth of Child (Month, day, year) 7-25-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank James Kennedy
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Patterson (City or town) New Jersey (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phamey Jackson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Huntington (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 41 years, and that Celia (First name) Jackson (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank V. Kennedy Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942.
(SEAL) Dora Wilson Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

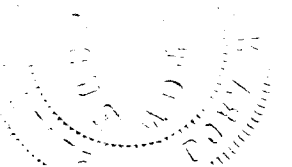
JAN 30 1942

FEB 19 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 12 1942 261-123-001-693

330978

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: about 10 years. IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl William Swan

5. Date of Birth of Child (Month, day, year) Feby 23 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Swan
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Linville, Jasper Co., Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Neal Feed & Fuel Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Rosetta Wilhite
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Baker City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 past years, and that Mrs. Sophie Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James William Swan Signature
1337 5th Street, Eureka, California. P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942

(SEAL) Cecil W. Lord Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires: October 25 1942.

Received for filing on JAN 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-202-025-339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho Falls (Bonneville) (b) City Grant
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho Falls (Bonneville)
(c) City Grant
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Goldie Johnson

5. Date of Birth of Child (Month, day, year) July 2, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Johnson
11. Color or Race American **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Calusa County--California (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pauline Clifford
17. Color or Race American **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. ——— Midwife ..... Address ..... Date .....

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Mrs. (First name) Ellsworth (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pauline Johnson Signature
R.F.D. # 3, Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of Jan., 19 42.
(SEAL) Paul A. Fellows Notary Public, residing at Rupert, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

OCT 26 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-131-020-316

331004

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 22 1942 STATE OF IDAHO

State File No. 331004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Glenns Ferry
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 2 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Glenns Ferry
   (d) Street Address or R.F.D. No. Idaho
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Glenns Ferry Idaho

4. **FULL NAME OF CHILD** Thornton Edward Palmer

5. Date of Birth of Child (Month, day, year) May 31 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Benam Palmer
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Morgan Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Well drilling
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Lawrence
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Uintah (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Lizzie (First name) Taylor (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Belle Palmer Signature

1231 N. C Street, Sacramento, Calif. Address

Subscribed and sworn to before me this 19th day of January, 19 42

(SEAL) Bernice Fox Notary Public, residing at 1740 36th Street.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Jan. 30, 1945.

Received for filing on JAN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed~~ by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

534-119-037-131

331009

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jess Yturraspe

5. Date of Birth of Child (Month, day, year) Oct 19, 1900

6. Sex Mal

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jess Yturraspe
11. Color or Race Basque
12. Age at time of THIS birth 31 yrs.
13. Birthplace Leguetio (City or town) Spain (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Natalie Acarregui
17. Color or Race Basque
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ugster (City or town) Spain (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum, Not known

23. Number of children of this mother: (a) At time of birth and including this child, One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Malheur } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Mrs Mc Cain (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Acarregui Signature

Jordan Valley Oregon P. O. Address

Notary Public for Oregon
My Commission Expires March 26, 1943

Subscribed and sworn to before me this 29 day of January, 1942

(SEAL) Notary Public, residing at Jordan Valley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED [illegible]N LAW

(1937 Session La[illegible]139, Section 4)

report is accompanied by a [illegible] midwife, or by affidavits of [illegible] mother of the child, or if neither father or mother of [illegible] living or accessible, of the nearest of kin or guardian, or some [illegible]on having direct knowledge in the premises.

619-111-044-434 331074

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Meadows

4. FULL NAME OF CHILD Claude Raymond Warr

5. Date of Birth of Child (Month, day, year) Sept 11-1900

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J Warr
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Buckingham England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora P. McMahan
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Mo (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Elizabeth Clay (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora P. Warr Signature
Sweet Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of Feb, 1942
(SEAL) George M Thiessen Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119 114 072 867

331131

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331131
Local Reg. No.
Reg. Dist. No.

JAN 23 1942

1. PLACE OF BIRTH
(a) County FREEMONT (b) City CLAWSON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT-HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years 11 months 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Clawson
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Clawson

3. RESIDENCE of FATHER (city, state) Clawson

4. FULL NAME OF CHILD Lionel Edward Jarman

5. Date of Birth (Month, day, year) Apr 14 - 1900

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Jarman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Yorkshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Elizabeth Hopkins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Lydia E Jarman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 23 1942 (Date received) Mabel H Peterson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Midwife who is Dead M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia E. Jarman, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Lionel Edward Jarman as my son (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Dr. Driggs (Name of attendant at birth) who attended said birth can not be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia E. Jarman Signature

11623 Lynwood Dr Lynwood Calif P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1944

(SEAL) Irene McQuarrie Notary Public, residing at 1411 W Compton Blvd

MY COMMISSION EXPIRES APR. 22, 1944

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-124 022 897

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amount JAN 24 1942

State File No. 331165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jefferson~~ (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wylie home, midwife.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Irwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Irwin, Idaho

4. FULL NAME OF CHILD Richard William Weeks

5. Date of Birth of Child (Month, day, year) May 24, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard Henry Weeks
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Madison Co., (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emerlene Higgins Weeks
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Canterbnry, (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 41 years, and that Mrs. Wylie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm. expires Oct. 15, 1944

George L. Weeks — Signature
Swan Valley, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.

(SEAL) Grace Draughn Notary Public, residing at Swan Valley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-104-014-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 331167
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho.

4. FULL NAME OF CHILD Aaron David Everhart

5. Date of Birth of Child (Month, day, year) Oct. 4, 1900

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Everhart
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Green Castle, (City or town) Missouri, (State or foreign country) USA.
14. Exact Occupation Farming.
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Helen Belcher
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Peoria, (City or town) Illinois, (State or foreign country) U.S.A.
20. Exact Occupation Housewife
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Mrs. Mary Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie H Everhart Signature

Tonasket, Washington. P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942

(SEAL) S M Ball Notary Public, residing at Tonasket, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel Fielder, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-202-028-512

331213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sanders
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sanders
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Sanders Ida

4. FULL NAME OF CHILD Pearl Violet Gill

5. Date of Birth of Child (Month, day, year) June 2-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Clinton Gill
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Colfax (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Laura East
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Eighty years of age, that I have known this person for 41 years, and that Mrs Laura (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Clinton Gill Signature
3026 - Fourth ave. W. Seattle P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) H. J. Probstfeld Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363 107 025-993

331313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cotton Wood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth) Idaho
(a) State State (b) County Idaho
(c) City Cotton Wood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Daniel Collier

5. Date of Birth of Child (Month, day, year) May 7, 1900

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 4

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Loyd Francis Collier
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace Cotton Wood (City or town) Terry Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Elizabeth Richardson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Mantena Illinois (City or town) (State or foreign country)
20. Exact Occupation Louise Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lina Collier Signature

P. O. Address

Subscribed and sworn to before me this 1 day of June, 1942

(SEAL) Marian Woodcock Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 12 1965
DEC 30 1959

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-12-014-797

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 10 yrs

4. FULL NAME OF CHILD John Gipson Stalker

5. Date of Birth of Child (Month, day, year) Oct. 21-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Coffin Stalker
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Livonia (City or town) Indiana (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Florence Gipson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Greeley (City or town) Colorado (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 4.1 years, and that Dr. Ed. Mayer (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(mrs W.G.) Mary G Stalker Signature

Lewiston - Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) E L Brungard Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 125040-357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1942

State File No. 331349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Town of Kellogg Now deceased

4. FULL NAME OF CHILD Patrick Joseph Moriarty

5. Date of Birth of Child (Month, day, year) Nov. 25, 1900

6. Sex Male. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Moriarty
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Leary
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace State of Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Deceased.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Sister~~ Bro. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 42 years, and that Unknown (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas F. Moriarty Signature
Winchester, Ida. P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel F. Elder, Registrar.

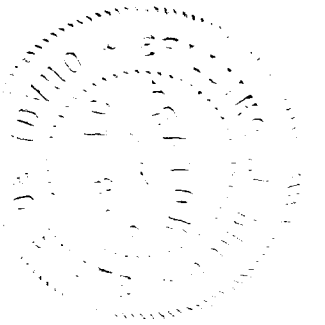
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



435-72-2002-365

331391

331391

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

FEB 5 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Philander McNeilly

5. Date of Birth of Child (Month, day, year) Aug. 22-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James McNeilly

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace New York (City or town) 30 (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Love

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace ParkValley Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for from birth yrs, and that the midwife (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude L McNeilly (ne McNeilly) Signature

P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 42

(SEAL) W W Adams Justice of the Peace Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by , Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 ID1 014866

331500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD WELMAN AUBREY BALL

5. Date of Birth of Child (Month, day, year) August 1st, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME SAMUEL LAFAYETTE BALL

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Amherst, Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MYRA ETHEL HOWARD

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Caldwell, Idaho. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon, County of Coos. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Christina Holcomb (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myra Ethel Howard Ball Signature

829 E. Second St., Coquille, Ore. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942.

(SEAL) O. C. Sanford Notary Public, residing at Coquille, Ore.

My commission expires Sept. 29, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 129 035-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

331560

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 29 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R F.D No. none
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Nez Perce Idaho

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Charles Henry Corbett

5. Date of Birth (Month, day, year) Sept. 29. 1900

6. Sex male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Corbett
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sacramento (City or town) Cal (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Muncey
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Terre Haute (City or town) Ind (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 29 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ray Corbett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Henry Corbett (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Powell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ray Corbett Name
417 So. E St, Tacoma, Wash P. O. Address

Subscribed and sworn to before me on this 22 day of January - 1942

(SEAL) Doris A. Barry Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

FEB 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 8 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida

4. FULL NAME OF CHILD Marie Benscoter

5. Date of Birth of Child (Month, day, year) August 21, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harris North Benscoter
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Servillia Jane Bigham
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Marysville (State or foreign country) Kansas
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Dr Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Servillia Jane Benscoter Signature
Fernwood Idaho P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942
(SEAL) Harold Kaheelek Notary Public, residing at Fernwood Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 708 025 593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331618
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Id

4. **FULL NAME OF CHILD** Frank Olive Montgomery

5. Date of Birth of Child (Month, day, year) Dec. 8, 1889

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jefferson Montgomery
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dade County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Elizabeth Nickel
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Dade Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 52 years, and that Dr. William Jefferson Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Jefferson Montgomery Signature

Everet, Wash. 2128 Rockefeller, Ave. P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42

(SEAL) ..... Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3014, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-129 035-391

331653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942 Nez Perce

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County ~~Lewis~~ (b) City Fletcher
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 2 months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Fletcher, Idaho

3. RESIDENCE OF FATHER (city, state) Fletcher, Idaho.

4. FULL NAME OF CHILD Lester Ethan Weeks

5. Date of Birth (Month, day, year) July 29, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Weeks
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Crawford
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace (City or town) Dayton, Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead ..... (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Wakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elva Weeks, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Ethan Weeks (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Vadney (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elva Weeks, Name
Route #1, Toppenish, Washington P. O. Address

Subscribed and sworn to before me on this 28th day of January 1942

(SEAL) [signature] Notary Public, residing at Toppenish

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454 124 003-693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 8 7 1942

State File No. 331881
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. not known
(e) How long has **MOTHER** lived in Idaho? ½ yrs.
(f) Mother's mailing address Pocatello, Ida.

3. RESIDENCE of FATHER (city, state) Pocatello

4. FULL NAME OF CHILD JOHN MELVILLE DEMOREST, JR.

5. Date of Birth (Month, day year) Feb. 24, 1900

6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Melville Demorest
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Towanda (City or town) Penn. (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Ann Williams
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace not known (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead / 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 7 194[illegible] (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John M. Demorest, Sr., being first duly sworn, say that I am the father (Related to (or) acquainted with) of John Melville Demorest, Jr. (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not none (Name of attendant at birth), who attended said birth don't know (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John M. Demorest Sr.
Signature
P. O. Address

Subscribed and sworn to before me on this 5th day of February, 1942.
(SEAL) M. H. Jablonicz Notary Public residing at Aberdeen, Wash.

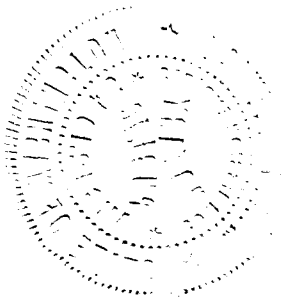
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



351-209-008-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Rdw Teater

5. Date of Birth of Child (Month, day, year) Oct 9-1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fowler Floyd Teater
11. Color or Race Caucasian **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Johanna Dietzke
17. Color or Race Caucasian **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Montana (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Mrs Benda (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Johanna Pinkston Signature

P. O. Address

Subscribed and sworn to before me this 5 day of February, 19 42

(SEAL) Edith N. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

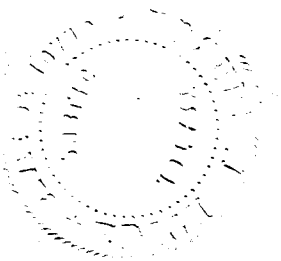
Received for filing on FEB 5 1942 by Mark Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-104-028-413

331942

331942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 7 1942

State File No. 331942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City near Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? – yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude MacDonald Donald Brown

5. Date of Birth of Child (Month, day, year) July 4, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy –

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter MacDonald

11. Color or Race White

12. Age at time of THIS birth – yrs.

13. Birthplace – (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Robena MacGregor

17. Color or Race White

18. Age at time of THIS birth – yrs.

19. Birthplace – – (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 41 years, and that Mrs. Lulu Davies (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor L. Jensen Signature

266 Lenox Avenue, Oakland, Cal. P. O. Address

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
My Commission expires Feb. 10, 1944

Subscribed and sworn to before me this 3rd day of February, 19 42

(SEAL) Margaret M. Lynch Notary Public, residing at Hotel St. Francis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel H. Eisler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-129 036-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331998

Local Reg. No.

Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 13 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Malad, Idaho.

4. FULL NAME OF CHILD John LeRoy Evans

5. Date of Birth (Month, day, year) Nov 29, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin W. Evans

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Malad (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gwendlian Jones Evans

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Tony Pandy (City or town) South Wales (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin W. Evans, being first duly sworn, say that I am related (Related to (or) acquainted with) John LeRoy Evans (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Jones (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Benj W Evans Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of Jan., 19 42

(SEAL) [signature] Notary Public, residing at Malad City, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 D8 028-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332042
Local Reg. No.
Reg. Dist. No.

Kootenai

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 8 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Sand Point
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 mos. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida

4. FULL NAME OF CHILD Lynn Elton Hurd

5. Date of Birth of Child (Month, day, year) Dec. 28, 1900

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy A. Hurd
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fergus Falls, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Cigar Maker
15. Industry or Business Cigar Manufacturing

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie J. Wright
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Minnesota City, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum -- None--

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana, County of Deer Lodge, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr. (First name) O. F. Page (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie J. Hurd
c/o [illegible] P. O. Address

Signature

Subscribed and sworn to before me this 30th day of January, A. D., 19 42.

(SEAL)

Notary Public, residing at Anaconda, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-226030-395

332064

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942 Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Hayden (near Salmon)
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Hayden, Idaho

4. FULL NAME OF CHILD FRANKIE HAZEL PYEATT

5. Date of Birth of Child (Month, day, year) Sept. 26, 1900

6. Sex female **7.** Twin or Triplet single birth If so—born 1st, 2nd, 3rd alone **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LEO ARTHUR PYEATT
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Duquoin, (City or town) Illinois (State or foreign country)
14. Exact Occupation Industrial farmer on Indian Reservation.
15. Industry or Business (as next above)

MOTHER OF CHILD

16. FULL MAIDEN NAME VIRGIA MAY LIVELY
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Steelville, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business (as next above)

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 AM M. on the date and at the place stated above, and that personal particulars were furnished by Virgie May Lively Pyeatt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature (Attending physician now deceased) M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Dr. Whitwell (First name) Whitwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgia May Lively Pyeatt Signature

General Delivery, Anaheim, California P.O. Address

Subscribed and sworn to before me this 21st day of January, 19 42.

(SEAL) Notary Public, residing at Anaheim, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-112 016-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Urilda McBride, home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) 20 Oakley Ida

4. **FULL NAME OF CHILD** Joseph Watson Ambler.

5. Date of Birth of Child (Month, day, year) Sept 12, 1900

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Ambler
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Leeds Yorkshire England (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Atkinson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Leeds Yorkshire England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Urilda (First name) McBride (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R H Ambler Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL) C F Kirson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Received for filing on JAN 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-211-D 01-246

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Foothill Blvd + 13th st
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 27 years 5 month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Foothill Blvd + 13th st
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Boise Idaho

3. **RESIDENCE of FATHER** (city, state): Boise Idaho

4. **FULL NAME OF CHILD** Lula May Pruett

5. Date of Birth (Month, day, year) Jan. 11 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bart Pruett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cedar County (City or town) Iowa (State or foreign country)
14. Exact Occupation Fruit Rancher
15. Industry or Business for Tom. DAVIS.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Buffington
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Council Bluff (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living [illegible]
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as [redacted] (Mother, etc.)

26. (a) FEB 5 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Pruett, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Lula May Pruett (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriett Bay - Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this **birth has not been previously recorded.**

Mary Alice Pruett Signature

Bliss, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1942

(SEAL) Notary Public in and for the County of Sacramento State of California

[signature] Notary Public, residing at Natoma, Calif.

My commission expires Oct. 20, 1945.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin of guardian, or some person having direct knowledge in the premises.

239-118-004-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Mont Pelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montpelier (b) County Bear Lake
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Hubert Jacob Straubhaar

5. Date of Birth of Child (Month, day, year) 7/18/1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Straubhaar
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Rail Road employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Blaser
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dr. Pointer M.D. ~~Midwife~~ Address 2911 Jennings Blvd San Diego Calif Date 2-7-41

State of Idaho
County of Minidoka ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Dr. Pointer (First name) (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Straubhaar Signature
Rupert Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Jan, 19 42

(SEAL) H B Redford Notary Public, residing at Rupert Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-204-003-415 332227

United States
Department of Commerce
Bureau of Census

JUL 17 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 332227
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Sterrett
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. none
IN **THIS** county 2 years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Sterrett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Sterrett, Idaho

3. **RESIDENCE of FATHER** (city, state) Sterrett, Ida

4. **FULL NAME OF CHILD** Esther La Von Adamson

5. Date of Birth (Month, day, year) Sept. 4th 1900.

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Arthur Adamson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurellia Theresa Davis
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Spanish Fork Utah (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrat of Silver
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Annette Thos Davis (First name) (Last name) Alice, who is related to this child as Mother (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Karl Ly M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-106-022-449

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 32339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 4 month 1 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address St Anthony R#1

3. RESIDENCE of FATHER (city, state) St. Anthony R#1

4. FULL NAME OF CHILD Charles Vivian Abegglen

5. Date of Birth (Month, day year) October 6 - 19[illegible]

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Conrad Abegglen
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Gwendischwand (City or town) Switzerland (State or foreign country)
14. Exact Occupation Truck gardening
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magdalena Murri
17. Color or Race white
18. Age at time of THIS birth 34 yrs
19. Birthplace Oberli Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife + mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Magdalena Abegglen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Vivian Abegglen as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bell Ross, who attended (Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

Magdalena Abegglen Signature
St Anthony, Idaho, R.F.D. 1 P. O. Address

Subscribed and sworn to before me on this 24 day of January, 1942

(SEAL) O. K. Mowery, Probate Judge ~~Notary Public, residing at~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1942

APR 26 1945

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

419-122-040-791

332440

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county X years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? X yrs.

3. RESIDENCE OF FATHER (city, state) Murray, Ida.

4. FULL NAME OF CHILD William Joseph Martell

5. Date of Birth of Child (Month, day, year) Feb. 22, 1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orvla Joseph Martell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Grant
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Mineral, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that x (First name) x (Last name), who attended this birth x (Is now deceased) or x (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura Quimont Signature
Superior Montana P. O. Address

Subscribed and sworn to before me this 3rd day of Feb, 1942

(SEAL) [signature] Notary Public, residing at Superior, Mont.

CLERK OF THE DISTRICT COURT

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-205028-349

332526

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County KOOTENAI NOW BONNER (b) City SAGLE
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: Residence of relative
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City SAGLE
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address SAGLE - IDAHO

3. RESIDENCE of FATHER (city, state) SAGLE-IDA

4. FULL NAME OF CHILD PHOEBE VIOLET POWELL (GARDNER)

5. Date of Birth (Month, day year) 6-5-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME NATHAN POWELL
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lacross (City or town) Wisconsin (State or foreign country)
14. Exact Occupation POSTMASTER — 1900 to 1904
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA BELL TURNBULL
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs
19. Birthplace CHENEY (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation At home.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by NATHAN POWELL (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Phoebe E. Turnbull M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 27 day of January, 1942

(SEAL) Francis J. Long ~~Notary Public~~, residing at Sandpoint Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

356 207036 231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332707
Local Reg. No. 13
Reg. Dist. No. 541

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emily Lewis

5. Date of Birth of Child (Month, day, year) July 7 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezra Lewis
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Blake
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace StGeorge Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Lewis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 72 years, and that Mrs (First name) Rawlings (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Lewis Signature

Preston R.F.D.#2, Idaho P. O. Address

Subscribed and sworn to before me this 7th. day of February, 1942.

(SEAL) Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-9-42 by G. W. States, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 209 014 419

332819

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Idaho.

4. FULL NAME OF CHILD Margaret Josephine Phillips,

5. Date of Birth (Month, day year) Feb 9, 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Luther Phillips,
11. Color or Race White 12. Age at time of THIS birth ..... yrs.
13. Birthplace Worth County Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Martin
17. Color or Race White 18. Age at time of THIS birth ..... yrs.
19. Birthplace Worth County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ora Arthur, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Margaret Josephine Phillips (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown person (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ora Arthur Signature
Sweet, Idaho. P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1942

(SEAL) J. P. Reed Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

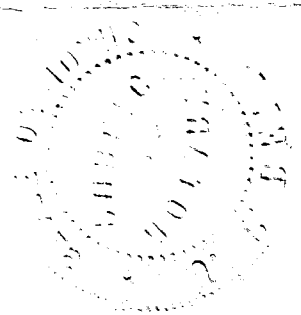
FEB 19 1942

DEC 11 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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332840

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Carver Milan Morris

5. Date of Birth of Child (Month, day, year) 12/21/1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Lee Morris
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Glasgow (City or town) Kentucky (State or foreign country)
14. Exact Occupation School Teaching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eleanor Sutton
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rex Creek (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Adams }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Mrs J. H. (First name) Reavis (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Lee Morris Signature
Mesa Idaho P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42

(SEAL) J. W. Evans Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-225044-213

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 14 1942

State File No. 332848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Residence
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Dorothy Loretta Gilderoy

5. Date of Birth (Month, day year) Aug-25-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ellis Gilderoy
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mt Vernon (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Sallee
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lawrence (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living one (c) Born alive and now dead One (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 14 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edna E. Gregory, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dorothy Loretta Gilderoy (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 159, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Malinda Hardesty (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George E. Gilderoy Signature

P. O. Address

Subscribed and sworn to before me on this 14th day of January 1943

(SEAL) Jos I Gallagher Notary Public, residing at Weiser

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 122 029 392

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332872
Local Reg. No.
Reg. Dist. No.

FEB 18 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD James Winterfelt

5. Date of Birth of Child (Month, day, year) June 22, 1900

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Winterfelt
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Tibolt
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife Midwife, Mrs. Joseph Wells now Deceased — Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the near neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Mrs Joseph Wells (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Grieser Sr Signature

Genesee, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.

(SEAL) ____ Notary Public, residing at Genesee, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mark H Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-223022-6.93

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 333013

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

Local Reg. No.

Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lyman
   (c) Street Address or R.F.D. No. R.F.D. No 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lyman
   (d) Street Address or R.F.D. No. R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lyman Idaho

4. **FULL NAME OF CHILD** Hannah Erma Robison

5. Date of Birth of Child (Month, day, year) Dec. 23 - 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Robison
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Ethel Wiley Robison
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Echo Fort (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since born years, and that Lottie Wiley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Alfred Robison Signature

3241 E, 7th. Long Beach, California P. O. Address

My Commission Expires March 29, 1944

Subscribed and sworn to before me this 11 day of February, 1942

(SEAL) J. A. Swift Notary Public, residing at Long Beach, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by ____, Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385 130 036 493 333041

United States Department of Commerce Bureau of the Census FEB 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Unida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clifton
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dayton Idaho

4. **FULL NAME OF CHILD** Francis Le Roy Cherry

5. Date of Birth of Child (Month, day, year) June 30 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Thomas F Cherry
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace St Charles (City or town) Bare Lake Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Mickelson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Sennary (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Notary Public in and for the City and County
County of San Francisco, State of California

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, ~~that I~~ have known this person for 41 years, and that Jane (First name) Howell (Last name), who attended this birth Midwife Jane Howell (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E Lawson Signature
413 Van Ness Avenue S F Calif P. O. Address

Subscribed and sworn to before me this 17th day of February, 1940
(SEAL) Denis F McCarthy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SAN FRANCISCO, CALIF.
CITY & COUNTY OF
PUBLIC

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-115-COFEB 25 1942 333065

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 335 (Be sure the information is as of date of birth of THIS child) State File No. 333065
Department of Comme FEB 25 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey, Ida

4. FULL NAME OF CHILD GEORGE WILLIAM PALMER

5. Date of Birth of Child (Month, day, year) Mar 15, 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Martin Palmer
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Huntsville, Alabama (City or town) (State or foreign country)
14. Exact Occupation Sawmill Operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Clements
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Oxford, Idaho (City or town) (State or foreign country)
20. Exact Occupation HouseWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 41 years, and that Mrs Frances (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Martin Palmer Signature
121 South 2nd Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 19 42

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

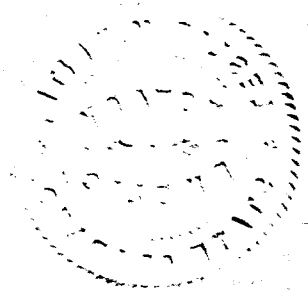
Received for filing on FEB 25 1942 by Maud E. Eades, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 333125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1513 - No. 12th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1513 N. 12 St.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) ~~Mound City~~ Boise, Idaho

4. FULL NAME OF CHILD Floyd LeRoy Emerson

5. Date of Birth of Child (Month, day, year) Dec. 26 - 1900

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George LeRoy Emerson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Mound City - Mo. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie A. Bates
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Stayton Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ..... years, and that Dr. Geo. Haley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 12, 1943.

Mrs. Geo. R. Emerson Signature
2825 Wiard St. Klamath Falls Ore. P.O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL) D. M. Mullen Notary Public, residing at 110 N 8th Klamath Falls Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel F. Eckert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-204003-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 18 1942

State File No. 333161
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: St Lane
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 543 N Hays Ave
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same,

4. FULL NAME OF CHILD Agness, Monica Morley

5. Date of Birth of Child (Month, day, year) May 4-1900

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy ✓

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Cornelius Morley
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Bristol England (City or town) (State or foreign country)
14. Exact Occupation Railroad employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christana Christenson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Stan Hauch Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all her life years, and that O. D. Seeley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Emma Singer Signature
9735 N. E. Wygant P. O. Address

Subscribed and sworn to before me this 15 day of Feby, 1942
(SEAL) T. Stanton Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 11-1944

Received for filing on FEB 18 1942 by Mary F. Elder, Registrar.

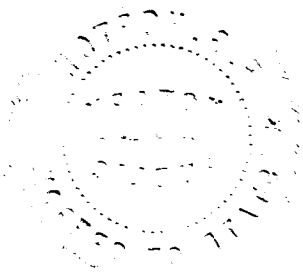
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-214-016-719

333180

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county 36 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessica Francis Worthington

5. Date of Birth (Month, day, year) June 14, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Worthington
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grandsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Parke
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Worthington being first duly sworn, say that I am Father (Related to (or) acquainted with) Jessica Francis Worthington (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allbe (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Worthington Signature

P. O. Address

Subscribed and sworn to before me on this 11 day of Feb, 1942

(SEAL) [signature] Notary Public, residing at Spokane Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652.106 027 395

333184

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 Yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co. Ida

4. **FULL NAME OF CHILD** Floyde L. West

5. Date of Birth of Child (Month, day, year) Jan. 6-1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Andrews West
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Houston, (City or town) Texas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Deceased Martha Jane Cregg
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Mayville, (City or town) Ky (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

his
Isaac Andrews West
Mark
Signature

P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42

Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by , Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Feb 26 1942
Palouse Wash.

Floyde I Wood.
In regard to my
mother name Is
Martha Jane Cregg.

Yours Truly
Floyde I Wood.

MAD

235-111-001-235

333203

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 13 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Frank Martin Stephenson

5. Date of Birth of Child (Month, day, year) Aug. 11th 1900

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Martin Scott Stephenson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Davis Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Leota Stephenson
17. Color or Race
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shenandoah Page Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that Mrs. Ben Wilmot (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lettie Leota Stephenson Signature

Box #2 Jefferson Ore. P. O. Address

Subscribed and sworn to before me this 10th day of February 1942

(SEAL) My Commission expires [illegible] 1942 Notary Public, residing at Jefferson Oregon

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-128-044-FEB 27 1942 333290 **333290**

United States 396
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Loren John Hopper

5. Date of Birth of Child (Month, day, year) Jan. 28, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hopper
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Irene Crowell
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Stewart Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Calif
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Mary Irene Hopper Signature
1225 Dorothy st WLA Calif P. O. Address

My Commission Expires May 8, 1945.

Subscribed and sworn to before me this 5 day of Feb, 1942

(SEAL) [signature] Notary Public, residing at Santa Monica Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 201-001-759

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 334224
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 9th & Bannock St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 1 months no days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 9th & Bannock
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Alta Lorraine Carter

5. Date of Birth of Child (Month, day, year) Oct. 1, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Carter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Centerville, (City or town) Iowa (State or foreign country)
14. Exact Occupation Livery & Feed Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ann Percy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Centerville, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that George P. Haley, (First name) M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ann Carter
Signature

213 West 36 St. Vancouver, Wash.
P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942.

(SEAL)

Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 129 044 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334274
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Commercial Street
(d) Name of ~~Hospital or Institution~~ Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Wesier
(d) Street Address or R.F.D. No. Commercial St.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Percy Earl Watkins

5. Date of Birth of Child (Month, day, year) Jan. 29, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bert Watkins
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Onadaga, New York (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie M. Anderson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Syracuse New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon }
County of Josephine } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr (First name) Shirley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert Watkins Signature
Cave Junction, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42.

(SEAL) ..... Notary Public, residing at Cave Junction Oreg

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

COMMISSION EXPIRES SEPT. 2[illegible]

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

AUG 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-10-7044357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 334282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy Evans Mackey

5. Date of Birth of Child (Month, day, year) November 10th 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elbert L. Mackey
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace West Plains, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Jane Evans
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mayfield, Ky. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. J.R. Numbers (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elbert L Mackey Signature

7829 SW 35th Ave. Portland, Oregon P. O. Address

Subscribed and sworn to before me this 12 day of February, 1942.

(SEAL) Ella J. Jensen Notary Public, residing at Notary Public for Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar. 1945

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1962

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-130 036-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No. 334309
Local Reg. No. 52
Reg. Dist. No. 54-1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lyn W. Nash

5. Date of Birth of Child 10/30/1900 (Month, day, year)

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac H Nash
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Blacksmith and School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda May West
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Amanda May Nash (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda May West Nash Signature
Weston, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942.
(SEAL) ____ Notary Public, residing at Preston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-19-42 by G W Hales, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-123 003-731

334316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Salt Lake City Utah

4. FULL NAME OF CHILD Charles-William-Faulkner

5. Date of Birth of Child (Month, day, year) Sept. 23-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert-Edward-Faulkner
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celena-Matilda-Plant
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Doctor [illegible] (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celena Faulkner Signature
1609 Mayfair Circle P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942

(SEAL) Vera Burton Notary Public, residing at 207 City & County Bldg Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

376-101-035-895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334327
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** EveretteNeil Crosley
5. Date of Birth of Child (Month, day, year) March I 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Arthur Crosley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Henry Ill (City or town) (State or foreign country)
14. Exact Occupation Confectionary owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Belle Hines
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Grand Ledge, Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for life ~~years~~, and that Dr's name unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Arthur Crosley Signature
4912 No. 33rd - Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) Corinne A. Feathers Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-128-016819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334328
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Standrod Idaho

4. FULL NAME OF CHILD Horace Prescott Thompson

5. Date of Birth of Child (Month, day, year) Feb. 28, 1900

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Harvey Thompson
11. Color or Race white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Matilda Hardy
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace St.George, (City or town) Washington Co. Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that Mrs. Parry (Midwife) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Matilda Thompson Signature
R.F.D.4, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) R. R. Rasmussen Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 7, 1944

Received for filing on FEB 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384 114 014 851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Parma
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 1 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Parma
3. **RESIDENCE OF FATHER** (city, state) Parma

4. **FULL NAME OF CHILD** ROY ORISTUS CHURCH
5. Date of Birth (Month, day, year) May 14, 1900
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** ALMON FREDRIC CHURCH
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kaukauna (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELMORA GERTRUDE HEAVRIN
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace St Elmo (City or town) Colo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 26 1942 (Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Ada
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMORA G. CHURCH, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roy Oristus Church (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williamson (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elmora G. Church Name
Banks, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of February, 1942.

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho.

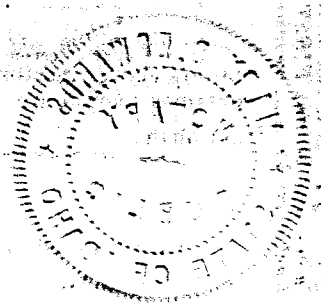
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-120 033-261

334377

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Swainston Thomson

5. Date of Birth of Child (Month, day, year) Dec. 20, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thomson

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Richmond, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

[redacted] Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Swainston

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace North Hedford, Eng. (City or town) (State or foreign country)

20. Exact Occupation Farming

21. Industry or Business Farming

[redacted] prophylactic used to prevent Ophthalmia Neonatorum

[redacted] children of this mother: (a) At time of birth and including this child (b) Born alive [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mary Riggs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Thomson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by [signature] Registrar.

FEB 27 1943

MAY 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-108 029-315

334412

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City SOUTHWICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** TONY KIRCHKNOPF

5. Date of Birth of Child (Month, day, year) MAR. 8th 1900

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ERNEST KIRCHKNOPF
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace HAMBURG (City or town), GERMANY (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSAN LANG
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace RICHMOND (City or town), MINN. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Mary Moser (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Susan Lang Signature

SOUTHWICK, IDAHO P. O. Address

Subscribed and sworn to before me this 19th day of Feb., 1942

(SEAL) Notary Public, residing at Kendrick, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354 115 040-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 334426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years about 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 7 months yrs.

3. RESIDENCE OF FATHER (city, state) Gem Idaho

4. FULL NAME OF CHILD Ernest Alfred Temby

5. Date of Birth of Child (Month, day, year) December 15-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7 Months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Temby
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Benson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Smoleland (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alma B. (First name) Temby (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. Timmers (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that [illegible] certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under [illegible] 37 Session Laws.

Harry Temby Signature
902½ N. Excelsior P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Elvira Kentta Notary Public, residing at Butte, Montana
My commission expires Nov. 29, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST [illegible] postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires [illegible] payment of fifty cents, money order or coin.

FEB 27 1942

MAR 2 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martell Marler

5. Date of Birth of Child (Month, day, year) Oct. 27, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Allen Green Marler
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Harrisville, Weber Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Furniture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mahala Allen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lewiston, Cache Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Mary Sorenson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mahala A. Marler Signature
56 So. Hibbert St. Mesa, Arizona P. O. Address

Subscribed and sworn to before me this 30th day of February, 19 42

(SEAL) My Commission expires January 25, 1943 Kathleen Edwin Miller Notary Public, residing at Mesa, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334494

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Ralph Raymond Womack

5. Date of Birth of Child (Month, day, year) March 30 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Pierce Womack

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Jackson (City or town) Mississippi (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Raelle

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Near Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation Homes Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amy Florence Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42

(SEAL) Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361 127 028-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
At home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 6 months #days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Ida.

4. FULL NAME OF CHILD Clarence Wilber Loan

5. Date of Birth of Child (Month, day, year) August 27, 1900

6. Sex male

7. Twin or Triplet - - - If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Loan
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Feddens (City or town), Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irvina Keys
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Feddens (City or town), Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Irvina (First name) Loan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 41 years, and that Laura (First name) Giles (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary J. Loan Hunt Signature
E. 2609 Queen Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942

(SEAL) [signature] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

274 106 006-469

334517

United States
Department of Commerce
Bureau of the Census Bingham

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [redacted] (b) City Iona
(c) Street Address or R.F.D. No. [redacted]
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County [redacted] Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edward Leon Simpson

5. Date of Birth of Child (Month, day, year) Sept 6, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Jerome Simpson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Portsmouth (City or town) Utah (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Morris
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Blair (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 p. M. on the date and at the place stated above, and that personal particulars were furnished by Effie (First name) Simpson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of INYO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that G. Mrs (First name) DENNINGS (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Harry J. Simpson Signature

Gen. Del. Bishop Calif P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL) N. J. FISH, Notary Public Notary Public, residing at Bishop-Calif

My Commission Expires July 8, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844125040 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 334531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jesse M. Hudson

5. Date of Birth of Child (Month, day, year) Dec. 25-1900

6. Sex M

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Hudson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Watson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. M. P. Gastineau Signature
Pine Colo P. O. Address

Subscribed and sworn to before me this 14 day of February 14, 1942

(SEAL) John W. Green Jr. Notary Public, residing at Buffalo Creek Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-230 006 994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 334540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Lyle Rooks

5. Date of Birth of Child (Month, day, year) Oct. 30, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME C. Leland Rooks
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Rideout
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Teacher & Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for over 41 years, and that Do not remember (First name) Doctor's name (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Rideout Rooks Signature

2912 Idell St., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942

(SEAL) Gertrude M. Nightingale Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires December 1, 1943

Received for filing on FEB 21 1942 by Mary K Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334565
Local Reg. No. 4
Now Reg. Dist. No. 520

1. PLACE OF BIRTH Bannock
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home on Farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CARIBOU
(c) City SODA SPRINGS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 68 yrs.
(f) Mother's mailing address TWIN FALLS-IDA

3. RESIDENCE of FATHER (city, state) TWIN FALLS

4. FULL NAME OF CHILD EVAN TARR

5. Date of Birth (Month, day year) OCT. 7. 1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE William TARR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace BATES COUNTY - MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAURETTA-Horsley
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace SODA SPRINGS - IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business ✓ ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lauretta Horsely Tarr (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) Jan. 17, 1942 (Date received) (b) Dr. Russell Tigert (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1965

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-115003-791 334593 334593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334593
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Williams Bailey Lake

5. Date of Birth of Child (Month, day, year) 3-15-1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Edmond Lake
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Harrisville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurelia Diaz
17. Color or Race Spanish
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mexico City Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bem }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Mrs. Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. E. Lake Signature
R.F.D. Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of Feby 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett Idaho

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated)

Received for filing on MAR 1 1942 by Maud Eldon, Registrar.

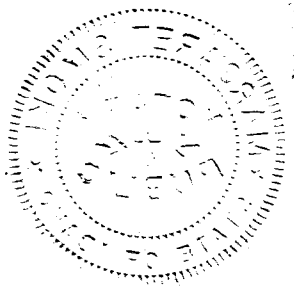
MAR 2 1942

NOV 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395 221 030 464 334630

United States (Be sure the information is as of date of birth of THIS child) State File No. 334630

Department of Commerce MAR 4 1942 **CERTIFICATE OF BIRTH** Local Reg. No.

Bureau of the Census STATE OF IDAHO FEB 14 1942 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No. Gen'l Del
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No. Gen'l Del.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon City Ida

4. FULL NAME OF CHILD Clora Evelyn Lively

5. Date of Birth of Child (Month, day, year) Aug 21 1900

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Huston Lively
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Near Cuba (City or town) Crawford Co. Missouri (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ettie Moulton
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr Kenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Huston Lively Signature
206 Highland Ave Santa Ana Calif P. O. Address

Subscribed and sworn to before me this 11th day of February 1942

(SEAL) Betty Campbell Notary Public, residing at Santa Ana Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary F. Elder, Registrar.

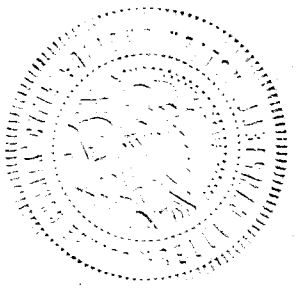
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291 106-003-291 334637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 334637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 805 N. Arthur
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 805 N. Arthur
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Thomas Bruhn Brandt

5. Date of Birth of Child (Month, day, year) Sept. 6, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Conrad Brandt
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nurbourg, Denmark (City or town) (State or foreign country)
14. Exact Occupation Foreman, R.R. Store Dept.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thora Bruhn Brandt
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Clinton Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. O.B. STEELY (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie Fagan Signature
P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942
(SEAL) Allen Grimes Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-226 025 512

334664

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Whitebird, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Whitebird Ida

4. FULL NAME OF CHILD Grace Nora Curtis

5. Date of Birth of Child (Month, day, year) Mar 24 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham Fraser Curtis
11. Color or Race White **12.** Age at time of THIS birth about 24 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Ferryman at Whitebird
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Nash
17. Color or Race White **18.** Age at time of THIS birth about 22 yrs.
19. Birthplace Chapman Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the male (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 + (since birth) years, and that H. A. Foskett (M.D.) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R P Nash Signature
Spokane Wash. P. O. Address
E 324 E Broadway

Subscribed and sworn to before me this 24 day of February, 1942.
(SEAL) W B Chandler Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel H Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317 130 040-1219

334671

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Mullen, Ida.

4. FULL NAME OF CHILD Frank Thomas Caprara

5. Date of Birth of Child (Month, day, year) May 30, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sarafino Caprara
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bargmaski
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Caprara (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Mrs. Murray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Caprara Signature
Silver Bow, Box 64 P. O. Address

Subscribed and sworn to before me this 25th day of February 1942

(SEAL) D. T. Holland Deputy Clerk of the District Court of the Second Judicial District of the State of Montana, in and for the County of Silver Bow. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

917 ID4 035-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 20 1942
STATE OF IDAHO

State File No. 334686
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Ahsahka
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ahsahka
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ahsahka Idaho

4. **FULL NAME OF CHILD** Guy Hubert Rappe

5. Date of Birth of Child (Month, day, year) Sept 4 1900

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Butler Rappe
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Taylorville (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ester Hatley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Forest Grove (City or town) Oregon. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that I was present (First name) (Last name), ~~who attended~~ at this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Butler Rappe Signature
P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942
(SEAL) Arthur K Bowden Notary Public, residing at Sandpoint
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) of Troy,
(a) County Latha (b) City 3 mi. N./Idaho
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20+ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latha
(c) City 3 miles north of Troy, Idaho
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? over 20 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Alfred William Fogelstrom

5. Date of Birth of Child (Month, day, year) Feb. 5, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William K. Fogelstrom
11. Color or Race white
12. Age at time of THIS birth about 31 yrs.
13. Birthplace Tenning (City or town) Sweden (State or foreign country)
14. Exact Occupation sawmill operator
15. Industry or Business sawmill operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Helen Willson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that a neighbor by name of (First name) (Last name) Swanson, who attended this birth died many years ago (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelm E Fogelstrom Signature
1050 West 10th, Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Donald R. Husband Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel F. Elder, Registrar.

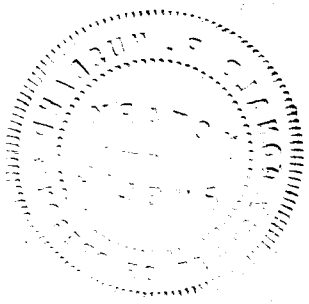
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962127036-639

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334792
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 8 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City none
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Samuel George Robinson

5. Date of Birth of Child (Month, day, year) 11-27-1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Brigham Robinson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Oliverson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Ellen Wheeler Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Robinson Signature
311 East 85 Street, Los Angeles P. O. Address

Subscribed and sworn to before me this 28 day of February, 19 42

(SEAL) Gladys A. DeHoog My Commission Expires April 1, 1945 Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1942

State File No. 334829
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home at home Days
In THIS county 7 years 3 months 12 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Caldwell. Ida

4. FULL NAME OF CHILD Horace William Aven

5. DATE OF BIRTH (Month, day, year) Mar. 9. 1900

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Benjamin Aven

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Ozark (City or Town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Fanny Lawing

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Ozark (City or Town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Horace B. Aven (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 28 1942 (Date received) (b) Mabel F. Edgar (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date Feb 21, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 5 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

697-231016-219

334831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. near Oakley
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. near Oakley
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Millie Luella Wixom

5. Date of Birth of Child (Month, day, year) Dec. 31, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Avery Newell Wixom
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Murray (City or town) Utah (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie Bailey
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Dr. Matilda McBride (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie Bailey Wixom Signature

My Commission Expires October 24, 1943

426 - Santa Clara St P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942 Vallejo

(SEAL) Maureen Connor Notary Public, residing at Vallejo, California

NOTARY PUBLIC
In and for the County of Solano State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-21-4007 689

334867

334867

United States
Department of Commerce
Bureau of the Census

MAR 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idaho

4. FULL NAME OF CHILD Laurie White Jordan

5. Date of Birth of Child (Month, day, year) May 14, 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Weldon Jordan
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Elmira (City or town), New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Cary White
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Brown County, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric powder

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) A M. on the date

and at the place stated above, and that personal particulars were furnished by Alice Cary Jordan (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Mrs Perkins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice C. Jordan
Signature
1846 "O" Avenue, National City, Cal
P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL)

Notary Public, residing at National City Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Nov 7 1945

Received for filing on MAR 5 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231/130 022-231

334883

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City REXBURG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City REXBURG
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? — yrs.

3. **RESIDENCE OF FATHER** (city, state) REXBURG, IDA.

4. **FULL NAME OF CHILD** Robert BLASER JR.

5. Date of Birth of Child (Month, day, year) 6/30/1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Robert BLASER
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace BERN (City or town) SWITZERLAND (State or foreign country)
14. Exact Occupation BUILDER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA STAUFFIGER
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace BERN (City or town) SWITZERLAND (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that WALZ (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Blaser, Signature
P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.
(SEAL) Mable Patterson Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-131-022-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334938
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 2 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Glen Josiah Barker

5. Date of Birth of Child (Month, day, year) 12/31/1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Henry Barker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ascilanti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguret Robecca Housekeeper
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Milburn (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Eliza (First name) Enyon (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas H Barker Signature
Victor Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942
(SEAL) J. D. Lauritzen Notary Public, residing at Victor, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a [redacted] born prior to the effective date of Chapter 191, 1911 Session [redacted] not been recorded, or in case of failure to report any bi[redacted]s occurred subsequent to such date, such report may h[redacted] filed by the local registrar for record in the Bureau o[redacted]tics for the purposes and uses prescribed in Chapter 2[redacted]aho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392.120-035-386

334942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ELMER HENRY Tibbits

5. Date of Birth of Child (Month, day, year) Jan 20-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES GARDNER Tibbits
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Knot Sawyer
15. Industry or Business Shingle Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMANDA BELLE CHOAT
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tunnel Hill (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 ~~(b) Born alive and now living~~ Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dour Know (First name) (Last name), who attended this birth do Not Know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosie Choat Urn Signature
Palouse Wn P. O. Address

Subscribed and sworn to before me this 19 day of Feby, 1942
(SEAL) Allan Langhurg Notary Public, residing at Palouse Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

FEB 13 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 105 040-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City MULLAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) MULLAN, IDAHO

4. **FULL NAME OF CHILD** FLOYD WINFIELD MERRITT

5. Date of Birth of Child (Month, day, year) SEPT. 5, 1900

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM JAMES MERRITT
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace OSWEGO (City or town), NEW YORK (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business LEAD-SILVER MINE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DELL DAVIS
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace EUGENE (City or town), OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~ALIVE~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ~~DELL~~ (First name) ~~MERRITT~~ (Last name), who is related to this child as ~~MOTHER~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Dr (First name) Worthington M.D. (Last name) who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Dell Davis Merritt Signature
1450 Pearl P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Arthur J. Alcorn Notary Public, residing at Denver, Colo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on My Commission Expires March 2, 1942 MAR 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-218-001-366

335088

335088

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335088
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 8 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Helen Charlotte Hammack

5. Date of Birth of Child (Month, day, year) June 18, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Hammack
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Greenville (City or town) Texas (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amber Mable Cooley
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Edgewood (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 41 years, and that Dr. L. C. Bowers (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Luttrell Signature
St. Paul's Boise Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Hazel Everett Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires July 25-1942

Received for filing on MAR 7 1942 by Maud Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252 115-016-298

335237

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No. P.O. Now Oakley
(d) Name of Hospital or Maternity Home: Harvey Sessions Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion. P.O. Now Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Marion Idaho

4. FULL NAME OF CHILD Alwyn Conery Sessions

5. Date of Birth of Child (Month, day, year) Sept 15, 1900

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Sessions
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bountiful Utah (City or town) (State or foreign country)
14. Exact Occupation Owned and ran a farm in
15. Industry or Business Marion Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Bryson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation Mother and house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since birth years, and that Rilda McBride (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Bryson Sessions Signature
474 North 5th East Logan Utah P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) Margaret C. Hickman Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 12, 1943

Received for filing on FEB 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

SEP 13 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 116 025-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 835258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County of Idaho (b) City Tolo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State of Idaho (b) County of Idaho
(c) City of Tolo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tolo, Idaho

4. **FULL NAME OF CHILD** Roy George Troeh

5. Date of Birth of Child (Month, day, year) October 16, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Frederick Troeh
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Clinton County, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Naomah Barnes
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Multanomah County, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 40 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pearl (Troeh) Bentley Signature
Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42.

(SEAL) Opal Jesse Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [signature] Registrar.

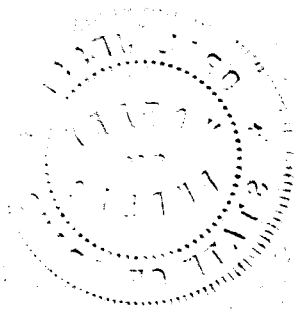
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613 111 040 415

335282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. ----------
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke,
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD WILLIAM DANSON WALKER

5. Date of Birth of Child (Month, day, year) Nov. 11, 1900

6. Sex Male

7. Twin or Triplet - - - - If so—born 1st, 2nd, 3rd - - - -

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Walker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dalton Furniss, England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Danson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Dalton Furniss, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Dr. Collins (First name) (Last name), who attended this birth is not available (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Reis Elliott Walker Signature

Box 975, Burke, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Anna Battesh Notary Public, residing at Wallace Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-226-035 765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No. 335283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Ida

4. FULL NAME OF CHILD Frankie Greenwood

5. Date of Birth of Child (Month, day, year) Oct 26-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy —

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Greenwood
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace — (City or town) Jasper County (State or foreign country) Illinois
14. Exact Occupation Prospector
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta May Jones
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace GALESBURG (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Albert Greenwood (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature E. E. Watts M.D. Midwife Address Gifford Ida Date 2-27-1942

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Doctor Watts (First name) (Last name), who attended this birth Can be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ALBERT Greenwood Signature
MURRAY, IDAHO P. O. Address

Subscribed and sworn to before me this 3d day of February, 1942

(SEAL) Helen C McPhee Notary Public, residing at Murray Idaho 4-19-42

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel Helder, Registrar.

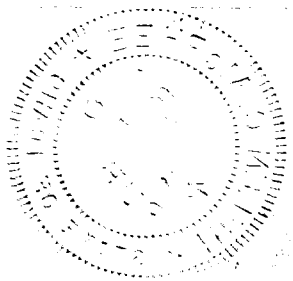
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



449-22-2044-219

335322

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City (now Adams) 3 miles south
(c) Street Address or R.F.D. No. of Indian Valley
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City near Indian Valley
(d) Street Address or R.F.D. No. R.D.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho (same)

4. FULL NAME OF CHILD Mary Alice Murphy

5. Date of Birth of Child (Month, day, year) March 22, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Franklin Murphy

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Missouri Tuscola Penn
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Mitchell Barbour

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Missouri (Topeka) Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of San Mateo Co. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 42 years, and that Mrs Charity Martin (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dell Ross Signature

2743 Marlborough ave P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) Helen O'Connell Notary Public, residing at Redwood City California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-129 014 335

MAR 5 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of ~~Hospital or Maternity Home~~: At home of Mrs. Masonheimers mother.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address (For registration notice):
   Pocatello, Idaho.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Clement Masonheimer.

5. **DATE OF BIRTH** (Month, day, year) November 29 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John K. Masonheimer

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Carlysle, Pennsylvania.
(City or Town) (State or foreign country)

14. Exact Occupation Civil Engineer.

15. Industry Business Oregon Shortline, Rail Road.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cleora E. Clement.

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Firth, Nebraska.
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead XXXXXXX (d) Stillborn XXXXXX

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at eleven A. M. on the date and at the place stated above, and that personal particulars were furnished by Cleora E. Masonheimer. (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) ..... (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Alfred Skipper M.D. (D.O., Midwife, etc.)
and address 554 N.E. Hazelfern Place Portland Oregon Date March 2 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a ~~misdemeanor, and, upon conviction thereof, shall be fined not~~ less than $10 nor ~~more~~ than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

319-118-010-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335582
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1¾ yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Ida.

4. FULL NAME OF CHILD Oscar Blaine Carr

5. Date of Birth of Child (Month, day, year) Feb. 18/1900

6. Sex Male

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fisher Carr
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Red Creek, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Carr
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Red Creek, West Virginia (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Work

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 9 ~~(b) Born alive and now living~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Jane Carr (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fisher Carr Signature
Weippe Idaho P. O. Address

Subscribed and sworn to before me this 28th. day of Feb., 1942.

(SEAL) Glenn W. Jordan Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-206-007-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Lost River
(c) Street Address or R.F.D. No. Postoffice
(d) Name of Hospital or Maternity Home: Born in Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Lost River Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Murphy, Idaho

4. FULL NAME OF CHILD FRANCES ALBERTA HARGER

5. Date of Birth of Child (Month, day, year) Feb. 6, 1900

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Burton Bearslee Harger
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Delhi, Iowa (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Treasurer, Owyhee County

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Amelia Billingsley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Harger (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Mrs. Charlotte Ferguson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma A. Harger Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-114-025-813

335662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Green Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Green Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Willard Elmer Kendall

5. Date of Birth of Child (Month, day, year) Oct 14, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John E Kendall
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Dayton, Wash (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Hatley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ivan H Kendall Signature
12332-15 ave NE P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942
(SEAL) W. H. Lotman Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

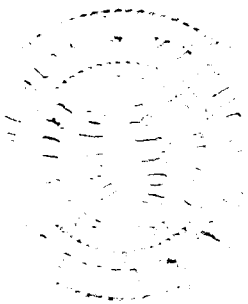
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



144-12-035-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 335703
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerce (b) City Melrose
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City rural Melrose
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Floyd Alfred Addington

5. Date of Birth of Child (Month, day, year) July 24, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Barton Edwin Addington
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business employed by himself

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Alice Lowe
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Blue Ridge, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business family home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Dicey Barry (First name), midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Stubbs Signature
Route 2, Box 622, Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 42

(SEAL) Notary Public, residing at Puyallup, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ____, Registrar.

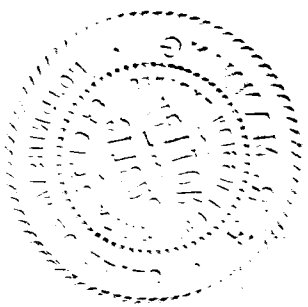
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-130-00-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Davis Bartholomew Stanger

5. Date of Birth of Child (Month, day, year) May 30, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Stanger
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming and Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Serena Bartholomew
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Slatersville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Dress making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 41 years, and that Mrs Rushton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Stanger Signature
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) Thomas M. Powers Notary Public, residing at Butte, Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Montana residing at Butte, Montana
My expires February 17, 1944

Received for filing on MAR 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 9 1942

AUG 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-122-206-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas Slater Williams

5. Date of Birth of Child (Month, day, year) Aug 22 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John David Williams
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bi... (City or town) Wales (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Slater
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Mrs Wicks Midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E Williams Signature
P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942
(SEAL) J. H. Anderson Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-123-044-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335741
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LeRoy Leslie Pringle

5. Date of Birth of Child (Month, day, year) Sept 23-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Luke Pringle
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Duns (City or town) Scotland (State or foreign country)
14. Exact Occupation Rail road section
15. Industry or Business foreman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Connell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Portersville (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Numbers (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Pringle Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) A. L. Pagan Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1962

MAR 1 3 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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442-223-003-253

335785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Shattuck Row
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 1 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Gena Huberta Rust

5. Date of Birth of Child (Month, day, year) Feb 23-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Rust
11. Color or Race Norwegian
12. Age at time of THIS birth 42 yrs.
13. Birthplace Gudbrandsdalen, Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business O. S. L. R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samyra Belle Kellum
17. Color or Race American
18. Age at time of THIS birth 33 yrs.
19. Birthplace Indianola Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Dr H. A. Castle (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samyra B Rust Signature
744 No Hayes - Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942
(SEAL) A B Chase Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(455-21-035-993 335828

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 12 1942

State File No. 335828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose Idaho

4. FULL NAME OF CHILD Pearle Ruth Dennney

5. Date of Birth of Child (Month, day, year) Jan. 12 - 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Merten Pearle Dennney
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia June Richardson
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Colton Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that Agnes Dennney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Georgia J Buckallew Signature
Rt 6, Boise P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 42
(SEAL) Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-208-025-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335868
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Goff
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Goff
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEL BEULAH Le VANDER

5. Date of Birth of Child (Month, day, year) Oct. 8, 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar William Le Vander
11. Color or Race Whige 12. Age at time of THIS birth 31 yrs.
13. Birthplace Pilot Rock, Oregon (City or town) (State or foreign country)
14. Exact Occupation Ferry Boat Operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary May Richardson
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Malhuer City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Mrs. John Le Vander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Le Vander Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-102-022-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ANNIS
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~ANNI~~ FREMONT
(c) City ANNIS
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALMA SEEREEN OLSON

5. Date of Birth of Child (Month, day, year) JULY 2 - 1900

6. Sex MALE
7. Twin or Triplet –
If so—born 1st, 2nd, 3rd –
8. No. months of Pregnacy –
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALMA OLSON
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace ROUNDVALLEY (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMMY FOX
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace DOWNEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation -
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that LUCENDA (First name) FISHER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Olson Signature
BOX 106A GLENDORA - CALIFORNIA P. O. Address

Subscribed and sworn to before me this 7 day of MARCH, 1942
(SEAL) John I. McGachan Notary Public, residing at AZUSA - CALIFORNIA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 26, 19

Received for filing on MAR 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1965

MAR 14 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser Idaho
   (c) Street Address or R.F.D. No. Hansel Del
   (d) Name of Hospital or Maternity Home: Born at Country Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. Hansel Del
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Henry Jay Keeney

5. Date of Birth of Child (Month, day, year) April 11. 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Lethrow Keeney
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace unknown (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Estella Benson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace unknown (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Joseph R Numbers M.D. ~~Midwife~~ Address Boise Ida. Date 1-29-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631/27 022-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No. 335920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 57
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) 36

4. FULL NAME OF CHILD Edgar Flamm

5. Date of Birth of Child (Month, day, year) 8/27/1900

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Henry Flamm
11. Color or Race White **12.** Age at time of THIS birth 64 yrs.
13. Birthplace Montgomery Germany (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Ann Painter
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Yolo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 44 years, and that Dr. [illegible] E. Hyde (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold P. Flamm, Signature
West Sacramento, P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Cecilia T. Lowe Notary Public, residing at West Sacramento Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mina Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432119 032455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home of mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln (now Gooding)
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frederick Wallace McKay

5. Date of Birth of Child (Month, day, year) March 19, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Frederick McKay
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fifeshire Co. Scotland (City or town) (State or foreign country)
14. Exact Occupation railroader Section forman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Devaney
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mexico City, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Alice Devaney, mother (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Devaney McKay Signature
Richfield, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942
(SEAL) Lauren W. Lucke Notary Public, residing at Gooding
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Huston (This town no longer exists)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 4 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Huston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Huston Ida.

4. FULL NAME OF CHILD Richard Jenkin Pritchett

5. Date of Birth of Child (Month, day, year) 3-4-1900

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Pritchett
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Jasper Co. (City or town) Misouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming and stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Harris
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Manhoy City (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Margret Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts or the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pritchett Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of February, 1942

(SEAL) Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

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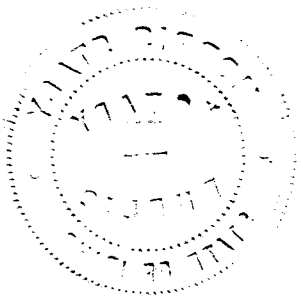
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Black Jack Mines
(c) Street Address or R.F.D. No. P.O., Dewey, Ida.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: One year or more
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Black Jack Mines
(d) Street Address or R.F.D. No. P.O., Dewey, Id.
(e) How long has **MOTHER** lived in Idaho? 1 or more yrs.

3. RESIDENCE OF FATHER (city, state) Black Jack, Id.

4. FULL NAME OF CHILD Emma Nichols

5. Date of Birth of Child (Month, day, year) May 10, 1900

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Captain Lincoln Nichols
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Harrisburgh (City or town), Pennsylvania (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Barbara Millman
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Bellevue (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Mrs. (?) (First name) Rogers (Last name), who attended this birth ?Cannot beLocated (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma B Nichols Signature
1357 East Mountain St. Pasadena, Calif. Address

Subscribed and sworn to before me this 10 day of March, 19 42

My Commission Expires Nov 5 1943 (SEAL)

Notary Public, residing at Pasadena California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary F Elder, Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lola Marie Sebree

5. Date of Birth of Child (Month, day, year) Aug. 2, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nimrod B. Sebree
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Quenton (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Camp
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Mrs Mike Conway (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Sebree Signature
408 Pennyer Bldg. P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) Celia Donovan Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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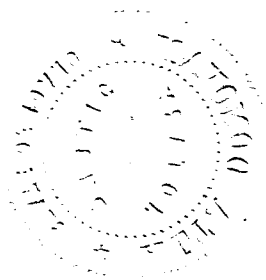

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No. 336168
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? All her life yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Cheryl Joseph Baker

5. Date of Birth of Child (Month, day, year) 11/21/1900

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wallace W. Baker
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Hubbell (City or town) Neb. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Cornelia Williams
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Bear Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 4 years, and that Mrs Elizabeth Foster (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Wallace W. Baker Signature
Klamath Falls, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 42

(SEAL) R. P. Coleman Notary Public, residing at Klamath Falls Ore.

My Commission expires March 25, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mark Keller, Registrar.

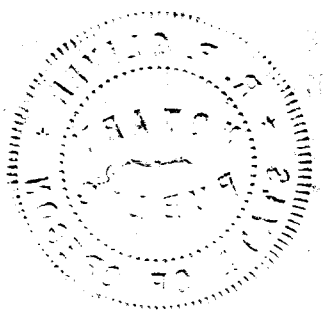
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City near Glenn's Ferry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 5 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City near Glenn's Ferry
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) near Glenn's Ferry Idaho

4. FULL NAME OF CHILD Loren Glenn Symons

5. Date of Birth of Child (Month, day, year) Oct. 27, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Seven

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Buck Symons
11. Color or Race White-American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lynnville, Iowa (Jasper County)
(City or town) (State or foreign country)
14. Exact Occupation Mech. Engineer
15. Industry or Business Mech. Engineering

MOTHER OF CHILD

16. FULL MAIDEN NAME Ory Payne
17. Color or Race White-American
18. Age at time of THIS birth 26 yrs.
19. Birthplace Near Richmond Virginia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that (name unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ory Payne Symons Signature
1403 North Hayworth, Hollywood P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 42.

(SEAL) Cora Farrar Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.) My Commission Expires March 25, 1942

Received for filing on MAR 7 1942 by Mabel E. Ellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Market Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Market Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Market Lake

4. FULL NAME OF CHILD Caroline Sylvia Zlabek

5. Date of Birth of Child (Month, day, year) Oct. 15, 1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ferdinand Zlabek
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Czechoslovakia ~~(City or town)~~ (State or foreign country)
14. Exact Occupation Railroad bridge Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Nikisek
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Moravia ~~(City or town)~~ (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that Mrs Ledvina (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marie A Briggs Signature
315 NE 22nd Ave Portland P.O. Address Oregon

Subscribed and sworn to before me this 4 day of March 1942

(SEAL) Dorr Quayle Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My COMMISSION EXPIRES NOV. 13, 1942

Received for filing on MAR 7 1942 by Maud F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ....
Local Reg. No. ....
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Near Summit
(c) Street Address or R.F.D. No. ....
(d) Name of Hospital or Maternity Home: ....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Summit
(d) Street Address or R.F.D. No. ....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Summit, Idaho

4. FULL NAME OF CHILD Chester Frederick Peden

5. Date of Birth of Child (Month, day, year) December 10 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Wilson Peden
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Jennette Locke
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....at 11 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name), who is related to this child as .... (Mother, etc.)

25. Attendant's **OWN** signature .... M.D. Midwife Address .... Date ....

State of Washington } ss.
County of Stevens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 61 years of age, that I have known this person for 41 years, and that Mrs Emma Peden (First name) (Last name), who attended this birth ✱ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Peden Signature
Kettle Falls P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.
(SEAL) Ralph Cranston Notary Public, residing at Kettle Falls Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report ~~may be~~ received and filed ~~by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-112 029 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336266
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Anderson P.O
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah Co.
(c) City Anderson, P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Frank Burnett Peterson.

5. Date of Birth of Child (Month, day, year) July 12 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Swan Peterson.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bengta Monsen
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Mrs. John Wicketrand (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bengta Peterson Signature
Portland Oregon P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942.

(SEAL) MY COMMISSION EXPIRES MARCH 18, 1942 Notary Public, residing at portland ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [illegible], Registrar.

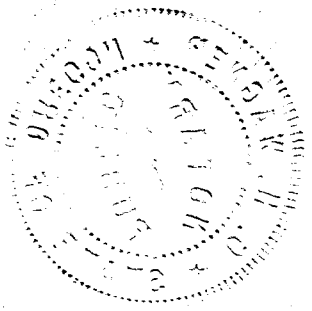
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356 112-003-569

336309

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon Idaho

4. FULL NAME OF CHILD Delbert Norton Lewis

5. Date of Birth of Child (Month, day, year) March 12th 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Alva Lewis
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Coalville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Eleanor Norton
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 42 years, and that Unknown (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alva A Lewis Signature
340 E 10th Downey California P.O. Address

Subscribed and sworn to before me this 3 day of March, 1942

(SEAL) Fannie E. Weiss Notary Public, residing at Downey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651 224 029 781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 9 1942

State File No.....
Local Reg. No. 336339
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Princeton
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Princeton, Idaho

3. **RESIDENCE OF FATHER** (city, state) Princeton, Ida

4. **FULL NAME OF CHILD** Blanche Rachel Weaver

5. Date of Birth (Month, day, year) May 24, 1900

6. Sex. F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Weaver
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Batavia (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Pharr
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Charles Weaver, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Blanche Rachel Weaver (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Pledger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Weaver .....Name
Princeton Idaho .....P. O. Address

Subscribed and sworn to before me on this 6th day of March 1942

(SEAL) E. L. Thompson .....Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

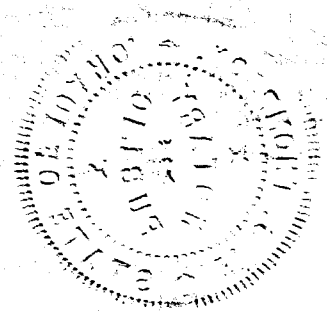
MAR 1 0 1942

JAN 7 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



995-212 029-238

MAR 9 1942

State File No. 336359

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Clarkston, Wash.

3. RESIDENCE of FATHER (city, state) now deceased

4. FULL NAME OF CHILD Martha Louise Ziegler

5. Date of Birth (Month, day year) 2-12-1900

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Adam Ziegler

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Winnebago, Minnesota (City or town) (State or foreign country)

14. Exact Occupation farmer & cabinet maker

15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Ella Schneider

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Posen Germany (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bertha Ella Ziegler, being first duly sworn, say that I am the mother of (Related to (or) acquainted with)
Martha Louise Ziegler as daughter, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Phillip Teare, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Mrs Bertha Ella Ziegler Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 11th day of February, 19 42

(SEAL) W. W. Eastman Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-205028-795

336370

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Lane, Idaho

4. FULL NAME OF CHILD Helen Seiser

5. Date of Birth of Child (Month, day, year) 2-5-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Seiser
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hungary (City or town) (State or foreign country)
14. Exact Occupation Railroad section foreman
15. Industry or Business Railroad maintenance

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Arnhold
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Anna (First name) Arnhold (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Seiser Signature
Lane, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel Heiden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259 118 006-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336422
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Ida

4. FULL NAME OF CHILD Joseph Ammoran Berg

5. Date of Birth of Child (Month, day, year) Mar 18 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hans Berg
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tena Klemmensen
17. Color or Race white
18. Age at time of THIS birth 2[illegible] yrs.
19. Birthplace Ovid (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now X 69 years of age, that I have known this person for 41 years, and that Mrs Sessions (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tena Berg Signature
Basalt Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.
(SEAL) L. Ivan Jensen Notary Public, residing at Shelley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-218 036-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 11 1942

State File No. 336426
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Ida.

4. **FULL NAME OF CHILD** Lucretia Jones.

5. Date of Birth of Child (Month, day, year) Jan. 18 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Arabel Jones
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business mother & father now dead

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte Evans (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mary Ann Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Evans Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 19 42

(SEAL) Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Steffen, Registrar.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-127009-386

336438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonners (b) City Bonners Ferry
(c) Street Address or R.F.D. No. No Number
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonners
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. No Street
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry

4. FULL NAME OF CHILD Cecil Ray Patton

5. Date of Birth of Child (Month, day, year) Feb. 27th 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Anderson Patton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) North Carolina (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet A ~~Patton~~ Lyon
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Albany (State or foreign country) New York
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Davis (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet A. Gimbel Signature
2110 E. Riverside Ave. P. O. Address

Subscribed and sworn to before me this 5 day of March, 1942
(SEAL) Henry T. Grant Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: P. A. Mortensen's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Ida/40

4. FULL NAME OF CHILD Alonzo Bennett Mortensen

5. Date of Birth of Child (Month, day, year) May 25, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Alonzo Mortensen

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Teaching, ranch Land

15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Ellen Bennett

17. Color or Race White

18. [illegible] 19 yrs.

19. Birthplace [illegible] (City or town) [illegible] Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 41 years, and that Dr. Thomas Turton (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Alonzo Mortensen Signature

Moiese, Mont. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) [illegible] expires February

Received for filing on MAR 10 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336522

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. Fix Ridge
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. Fix Ridge
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Idaho

4. FULL NAME OF CHILD Jessie Carlton Cox

5. Date of Birth of Child (Month, day, year) 6-15-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Smith Cox
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wilkes County (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Eleanor Carlton
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wilkes County (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum not none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Walla Walla }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24 above; that I am now 74 years of age, that I have known this person for 42 years, and that [illegible] (First name) Nikle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts of this certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Borah Eleanor Cox Signature
225 S. Bellevue, Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.
(SEAL) [signature] Notary Public, residing at Walla Walla, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel H. Lee, Registrar.

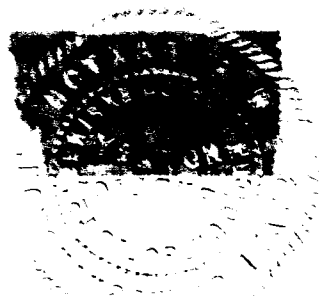
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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336531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. Not known
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay BEFORE delivery: Life IN THIS county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. -
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mary Lucile Tate

5. Date of Birth of Child (Month, day, year) April 30, 1900

6. Sex Female **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion Gordon Tate
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Frankford, Mo. (City or town) (State or foreign country)
14. Exact Occupation Carpenter-Farmer
15. Industry or Business - - -

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Lenora Settles
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Sledd, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for Life years, and that Dr. Baugh, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

391 Columbia Ave., Pomona, Calif. P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42

(SEAL) Alice M. Knebel Notary Public, residing at Pomona, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires October 19, 1943

Received for filing on MAR 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

MAR 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address American Falls, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Joseph Myrle Howard

5. Date of Birth (Month, day, year) 11/15/1900

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Walter Howard

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace (City or town) Utah (State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Miriam Henrie

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (born alive, stillborn) at [illegible] A.M. on the date and at the place stated above, and that personal particulars were furnished by Edith Howard (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 18 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X I, W W Howard, being first duly sworn, say that I am Related (Related to (or) acquainted with) Joseph Myrle Howard (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Emilie Fish (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W W Howard Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) [signature] Notary Public, residing at

COUNTY RECORDER AND CLERK OF THE DISTRICT COURT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

117-228-008-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE (b) City CENTERVILE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City CENTERVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD HAZEL MARGRET JAGGERS

5. Date of Birth of Child (Month, day, year) 3-28-1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH JAGGERS
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace BANNOCK (City or town) MONTANA (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOVIE ALICE SIRRIE
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MELROSE (City or town) MONTANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 11 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... ~~(Mother, etc.)~~

25. Attendant's **OWN** signature C. C. Fairchild M.D. ~~Midwife~~ Address Centerville Date 3/5/42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-117 022-345

336596

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Henrys Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Henrys Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mos yrs.

3. RESIDENCE OF FATHER (city, state) Henrys Lake Lda

4. FULL NAME OF CHILD Joseph Francis Dunn

5. Date of Birth of Child (Month, day, year) Feb 17 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John James Dunn
11. Color or Race Wh
12. Age at time of THIS birth 31 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Margaret Cunningham
17. Color or Race Wh
18. Age at time of THIS birth 25 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Mrs Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J J Dunn Signature

1635 Lyndale Helena Montana P. O. Address

Subscribed and sworn to before me this 13th day of March, 19 42

(SEAL) Nell C. Sullivan Notary Public, residing at Helena, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355730 016-225

336604

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Gen. Del
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Melvin Lee

5. Date of Birth (Month, day year) 7/30/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Shields Lee

11. Color or Race American

12. Age at time of THIS birth 34 yrs.

13. Birthplace Tooele (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Skelton

17. Color or Race American

18. Age at time of THIS birth 24 yrs.

19. Birthplace Tooele (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon
County of Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Lee Beers, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Melvin Lee (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Charity (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Lee Beers Signature

Lakeview, Oega P. O. Address

Subscribed and sworn to before me on this 3rd day of February 19 42

(SEAL) W. Milton Ault Notary Public, residing at Lakeview, Oega

My Comm. Expires 9/11/45

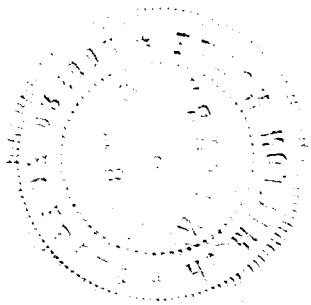
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-225006-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Garfield
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Garfield
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Garfield, Ida.

4. FULL NAME OF CHILD Ann Ellen (Groom) Olsen

5. Date of Birth of Child (Month, day, year) Dec 25, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathan Groom
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Chilton Green England (City or town) (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Caroline Godfrey
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace So. Cottonwood Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Harriet (First name) Dabell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Groom Metcalf Signature
575 H. St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942
(SEAL) Parker Kruse Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-101-036-162

336655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) ~~City~~ St. John
(c) Street Address or R.F.D. No. 1 Malad Ida.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) 44

4. FULL NAME OF CHILD Lyman Andrew Anderson

5. Date of Birth of Child (Month, day, year) April 1, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Andrew Lars Anderson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Analeve (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Elizabeth Josephson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. John (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for — years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Elizabeth Josephson Anderson Signature
Malad Ida R.D. #1 P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) J. F. Fredrickson Notary Public, residing at Malad Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897/121 010-687

336666

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH STATE OF IDAHO MAR 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 4 years 7 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Blackfoot
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Harvey Huskey Higgins

5. Date of Birth (Month, day year) Nov. 21st 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Williams Higgins

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace New York City (City or town) New York (State or foreign country)

14. Exact Occupation Rail way work

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jimmie Lillian Whitmore

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Huntsville, Alabama (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living 7. (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.) and address Date

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillian Higgins Paulsen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Michael Williams Higgins (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Luby (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillian Higgins Paulsen Signature
190 South Commonwealth P. O. Address
Los Angeles, California

Subscribed and sworn to before me on this 27th day of October, 1941

(SEAL)

Notary Public, residing at Los Angeles California

MY COMMISSION EXPIRES May 20, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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489-160-044-235

336725

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No. **
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No. **
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley Idaho

4. FULL NAME OF CHILD George Edward Morefield

5. Date of Birth of Child (Month, day, year) August 10, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Jackson Morefield
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Jackson, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Maud Stewart
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Meadows, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) 3:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Alice Morefield (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of San Diego }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Margaret Woods (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Maud Morefield Signature
1411 Harding Ave., National City, Calif. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) My Commission Expires July 16, 1942 Notary Public, residing at National City, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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959-113-044-253 336802

United States MAR 21 1942 (Be sure the information is as of date of birth of THIS child) State File No. 336802
Department of Commerce Local Reg. No. 20
Bureau of the Census Reg. Dist. No. 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Cole Christopher Reininger
5. Date of Birth of Child (Month, day, year) Dec. 13, 1900
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Christopher Calvin Reininger
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hepner, (City or town) Oregon (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Phoebe Jane Kelly
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Washington County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life ~~years~~, and that John W. Kelley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe J. Reininger Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942
(SEAL) Fern Hansen Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619/105029-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336828
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. RFD 1
   (d) Name of Hospital or Maternity Home: At the Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bruce Harold Wardrobe

5. Date of Birth of Child (Month, day, year) June 5, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Mark Wardrobe
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Scotland (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Slack
17. Color or Race White
18. Age at time of THIS birth 50 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Grant }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that The Doctor (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Wardrobe Tucker Signature
Grant Orchards, Wash. P. O. Address

Subscribed and sworn to before me this 8 day of March, 19 42.
(SEAL) Samuel J. Thompson Notary Public, residing at Ephrata Grant County
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel H. Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-129-028-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336831
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 7 yrs

4. FULL NAME OF CHILD Clayton Alexander Newcomb
5. Date of Birth of Child (Month, day, year) Dec 24, 1900
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Aldo Clayton Newcomb
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Boonville N.Y. (City or town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leo Claudean Yonkers
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cerro Gado Ills (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo Newcomb Signature
Leo Bear mother
Ponderay, Ida. P. O. Address

Subscribed and sworn to before this 9th day of March, 1942
(SEAL) Ricka McLean Notary Public, residing at Priest River Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mark F. Eeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Myrtle Edna Pruitt

5. Date of Birth of Child (Month, day, year) Sept 9 1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Moses Elmer Pruitt
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Pierce City (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elliott
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for 41 years, and that Stella Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Pruitt Signature
918 Grant St. Alameda Calif. P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42

(SEAL) Thompson Bell Notary Public, residing at Alameda, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel H. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. on Maine St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No. Maine St.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Leslie Vernon Brown

5. Date of Birth of Child (Month, day, year) June 26, 1900

6. Sex male **7.** Twin or Triplet xx If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Nuburn Brown
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Douglas (City or town) Illinois (State or foreign country)
14. Exact Occupation Pipe Fitter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Irma Jessie Strickland
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Whitewater, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Irma Jessie Bauer, M.D. Mother ~~Midwife~~ Address 705 Capp St., San Francisco, Cal. Date 3/9/1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California, County of San Francisco } ss.

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 42 years, and that Anna Bradley, Midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Bessie Ethel Schueller Signature

703 Capp Street, San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42

(SEAL) C. L. Hamburger Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which~~ has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-111 003453

MAR 14 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336912

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BANNOCK (b) City HATCH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: AT HOME
In Hosp. or Mat. Home ____ days.
In THIS county 9 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City HATCH
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address HATCH, IDAHO

3. RESIDENCE of FATHER (city, state): HATCH, IDAHO

4. FULL NAME OF CHILD ALBERT RUBEN WILLIAMS

5. Date of Birth (Month, day, year) APRIL 11, 1900

6. Sex MALE

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES THOMAS WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 29 4/12 yrs.
13. Birthplace SPRINGVILLE (City or town), UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HANNAH DETTON
17. Color or Race WHITE
18. Age at time of THIS birth 26 8/12 yrs.
19. Birthplace BRIGHAM CITY (City or town), UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum CARBOLIC ACID SOLUTION
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Mary H. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS HANNAH WILLIAMS, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) ALBERT RUBEN WILLIAMS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS CHRISTINA HIGGINSON (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Hannah Williams Signature

5811 HAROLD WAY, HOLLYWOOD, CALIF. P.O. Address

Subscribed and sworn to before me on this 2nd day of March, 1942

(SEAL) ____ Notary Public, residing at NOTARY PUBLIC in and for the County of Los Angeles, State of California

My Commission Expires Nov. 17, 1945

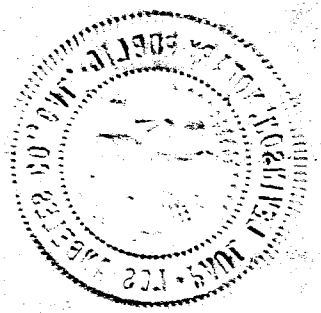
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-21 7028-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Mrs. S.A. Hall
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Lakeview, Ida.

4. FULL NAME OF CHILD Sarah Gladys Luther

5. Date of Birth of Child (Month, day, year) Nov. 17, 1900.

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aspph Colegrove Luther
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Providence, Rode Island. (City or town) (State or foreign country)
14. Exact Occupation Saloon Keeper
15. Industry or Business Saloon Keeper

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Louisa Smith
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Smithland, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know if any.

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr. Wents (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Luther Signature

Winthrop Washington P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.

(SEAL) ____ Notary Public, residing at Winthrop

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-121-04958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Reynolds Stovel

5. Date of Birth of Child (Month, day, year) Apr 21-1900

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George N. Stovel
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Chicago - Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura A. Reynolds
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Arlington Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of [illegible]

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for [illegible] years, and that Dr Stanton (First name) (Last name), who attended this birth [illegible] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura A. Stovel Signature
6527 N. Greeley Portland Oregon P. O. Address

Subscribed and sworn to before me this 2 day of January, 19 42
(SEAL) Vere C. Cochrane Notary Public, residing at Portland Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires [illegible]

Received for filing on MAR 18 1942 by Mabel Weber Registrar.

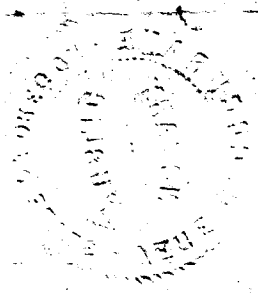
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813 224026 79

336998

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR

State File No. 336998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. R.F.D. 1 Lorenzo, Ida.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 24 years 8 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No. R.F.D. 1 Lorenzo
(e) How long has MOTHER lived in Idaho? [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) Annis, Ida.

4. FULL NAME OF CHILD Inez Blanche Hall

5. Date of Birth of Child (Month, day, year) 5/24/1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Ira Amos Hall

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Lyman, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Vilate PARK

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Clarkston, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to my knowledge.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Dead

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all life years, and that Nellie (First name) Poole (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Vilate Hall Signature

Lorenzo Idaho R.F.D.-1 P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) Percy Brown Notary Public, residing at Rigby Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mark Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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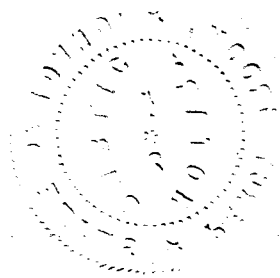

412-117.028-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

4. **FULL NAME OF CHILD** James Maurice Masterson, (King)

5. Date of Birth of Child (Month, day, year) Dec. 17, 1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legi[illegible]? yes

FATHER OF CHILD

10. **FULL NAME** John Thornberry Masterson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mc Minnville, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Baker
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lebanon (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) King (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr. Frank (First name) Hentz (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Myrtle King Signature

North Bend, Washington P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942.

(SEAL) ..... Notary Public, residing at North Bend, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

JUL 11 1997

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-226-044-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD Nora Etta Whiteley

5. Date of Birth of Child (Month, day, year) Sept. 26, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lawson Whiteley
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E Duncan
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Mrs. Jim Harp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Whiteley Signature
3401 Barge St. Yakima, Washington P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) D. Denny Gray Notary Public, residing at Yakima Wn
(Note: Perjury is [illegible] as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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437-22-7075-432

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of this child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) ~~City~~ Central Ridge
(c) Street Address or R.F.D. No. Near Steele Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Central Ridge near Steele
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce County

4. **FULL NAME OF CHILD** Thelma Beatrice McGee

5. Date of Birth of Child (Month, day, year) Jan. 27. 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John McNeil McGee
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Taney County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matie Vienna McKay McGee
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Miltonvale (City or town) Kansas (State or foreign country)
20. Exact Occupation Cloud County Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living ONE.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [redacted] Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that L. L. McKay & Dr Coburn (First name) (Last name) who attended this birth both deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dennis Earl McKay Signature

P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942.

(SEAL)

Fred Ressguie Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Received for filing on MAR 19 1942 by Mark McGee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-107-003-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Garfield St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county ### years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Garfield
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Edward Brummell

5. Date of Birth of Child (Month, day, year) nov. 7-1900

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Leo Brummell
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Paw Paw (City or town) Michigan (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business Railroads

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth McCloud
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tallicassette, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Mexico
County of Bernalillo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Dr. Castle (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J L Brummel Signature
Albuquerque, N.M. P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Martin E. Riley Notary Public, residing at Albuquerque Bernalillo Co. N.M.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 25, 1943

Received for filing on MAR 18 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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765-123-007-286 MAR 25 1942 338022

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338022
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** CRAIG CAMPBELL GOERING

5. Date of Birth of Child (Month, day, year) Dec. 23, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charley Goering
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Walcot (City or town) Iowa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Francis Short
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Doctor Brown (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Frances Hopson Signature
433 1/2 Linden Ave. Long Beach P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942

(SEAL) George C. Highley Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires November 26, 1945

MAR 25 1942

Received for filing on ..... by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-124-022-168

338227

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton Grove
(c) Street Address or R.F.D. No. Stanthony P.O.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton Grove St Anthony P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvin Robert Hathaway

5. Date of Birth of Child (Month, day, year) Apr 24, 1900

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert N. Hathaway
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johannah Fredricka Johnson
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Mount Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Mary Sorensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Johannah F. Hathaway Signature
St Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) O.K. Meservy, Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary Hedelin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-11-1007-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338294
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Ida.

4. FULL NAME OF CHILD Hugh Wallace Bradford

5. Date of Birth of Child (Month, day, year) Oct 17 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnacy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Hugh Bradford
11. Color or Race White **12. Age at time of THIS birth** 46 yrs.
13. Birthplace Belfast, Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wallace
17. Color or Race White **18. Age at time of THIS birth** 35 yrs.
19. Birthplace So. Dak., Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO } ss.
County of BLAINE }

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 84 years of age, that I have known this person for 42 years, and that Mrs Geo Stitt (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sam Bradford Signature
Hailey Ida. R. O. Address

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) R. H. McCoy Notary Public, residing at Hailey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-215-031-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Rosa Mary Gaffney

5. Date of Birth of Child (Month, day, year) Dec. 15, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert E. Gaffney
11. Color or Race Irish
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pierce (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Gertrude Watson
17. Color or Race English
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilbur (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the life long friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Dr. Fry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John H. Lewis, Dentist Signature
465 East 11th St. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942

(SEAL) Marine R. Wheeler Notary Public, residing at Eugene, Oregon
(Commission expires Sept. 19, 1943)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-165-025-453

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 20 1942

State File No. 338347
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Lucile, Po
(c) Street Address or R.F.D. No. near Lucile
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. at Home
IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Lucile, Po
(d) Street Address or R.F.D. No Lucile
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Lucile

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas-Jefferson Deasy

5. Date of Birth (Month, day year) Feb 5-1900

6. Sex male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Deasy
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Virginia City, Nevada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Samyra Delmage
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brunswick-Kennebec Co. Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 0
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Henrietta Samyra Deasy, being first duly sworn, say that I am related (Related to (or) acquainted with)
Thomas Jefferson Deasy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Henrietta Deasy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henrietta Samyra Deasy Signature

P. O. Address

Subscribed and sworn to before me on this 18th day of March 1942

(SEAL) Joseph E. Stanley Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1941

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-109-044-266

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: about 3 miles West of Weiser
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Elmer Roscoe Tilford

5. Date of Birth of Child (Month, day, year) Dec 29, 1900

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Tilford
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Albany (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lelly Eva Dawdon
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Carlisle (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 41 years, and that Dr Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Barrie Sampson Signature

..... P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) Harry M. Hyf Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mark Fredson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

594-112-222-629

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) ~~City~~ P.O. Leigh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) ~~City~~ P. O. Leigh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Leigh, Ida.

4. FULL NAME OF CHILD James Lael Simmons

5. Date of Birth of Child (Month, day, year) 12-12-1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Stoker Simmons
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Woodruf, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane O'Brien
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Layton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife and music teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing used.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Mrs. Ben Driggs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane O'Brien Simmons Signature

..... P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.

(SEAL) Sally Green Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1965

NOV 1 7 1972

MAR 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent~~ to ~~such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-118-007-465

338393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Joseph August Hamp

5. Date of Birth of Child (Month, day, year) July 18 - 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Exner
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Weiblingen (City or town) Bavaria (State or foreign country)
14. Exact Occupation Miner and Brewer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Sophia Carolina Mainis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Jastrow (City or town) Germany (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Utsch Exner (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Exner Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1942
(SEAL) Harry Levy Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-128-235-331

338420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Ilo (Craigmont)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Ilo (Craigmont)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Silas Wesley Crawford

5. Date of Birth of Child (Month, day, year) 7/28/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Nicholas Crawford
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Clark
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ukiah (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Breast Milk
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 O clock A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Maggie Clark M.D. Midwife Address 15 W. 7 St Stockton Date 3/19/42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2FS-205-014-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lucille Banks
5. Date of Birth (Month, day, year) Apr 5,1900
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John R Banks
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Unionville, Iowa (City or Town) (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Butler
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lone Rock, Wisconsin (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J R Woodward M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 9/9/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-228. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693-100-022-893

338441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Ida

4. **FULL NAME OF CHILD** Leslie Richard Williams

5. Date of Birth of Child (Month, day, year) Jan- 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Williams
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Blue Earth Co. Minnesota (City or town) (State or foreign country)
14. Exact Occupation Livestock Owner
15. Industry or Business buyer & live stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Elizabeth Hill
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Milville Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that Martha Brian (First name) [redacted] who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Birdie W. Taylor Signature
Lewisville, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942.

(SEAL) Oscar Barnes Justice Peace Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 21 1942

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-118-036-386

338495

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dixon home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Marcus T. Jones

5. Date of Birth of Child (Month, day, year) Mar. 18-1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Morgan M. Jones
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Sheep Raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Julia Thomas
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan } ss.
County of Sanilac }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 42 years, and that Dr. (First name) Jones (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Parkes Signature
Sandusky Michigan P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942.

(SEAL) Willard Parkes Notary Public, residing at Sandusky

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-1641032-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338655
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida.

4. FULL NAME OF CHILD James B. Sims

5. Date of Birth of Child (Month, day, year) February 4, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John A. Sims
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dixie, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma V. Sims
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cawker, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Lincoln }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that Mrs. Lillie Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma V. Sims Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.
(SEAL) Howard E. Adkins ~~Notary Public, residing at~~ PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

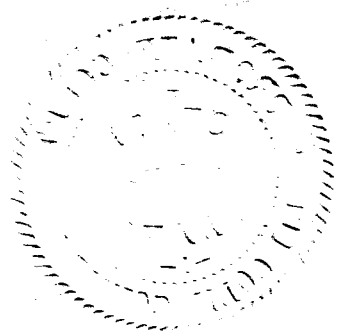
MAR 30 1942

JAN 28 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



643-210-003-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 414 S Main
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years about 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 414 S Main
(e) How long has **MOTHER** lived in Idaho? About 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vera Clarice Fuller

5. Date of Birth of Child (Month, day, year) July 10, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest John Fuller
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Sheridan (City or town) Iowa (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business Railroad Engineer

MOTHER OF CHILD

16. FULL MAIDEN NAME Etha Fernella Fuller
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Near Dallas (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Dr Rooker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest John Fuller Signature
5126 N.E. Flanders, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 18 day of March, 19 42

(SEAL) David F. Matheus Notary Public, residing at Portland, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 3-17-44.

Received for filing on MAR 21 1942 by [illegible], Registrar.

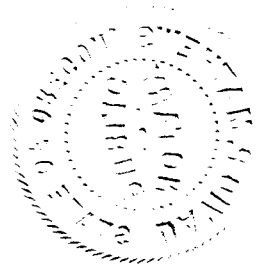
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



842-230-028-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338722
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Tunnie Amanda Hussa

5. Date of Birth of Child (Month, day, year) 12-30-1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eliel Petajaniemi Hussa
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Salo (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Hussa
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Oulainen (City or town) Finland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Marie Hussa (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack ~~M.D.~~ Midwife Address Cataldo Idaho Date 3/18/42.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-208 237-253 338837

United States
Department of Commerce
Bureau of the Census

MAR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana, Idaho

4. FULL NAME OF CHILD Isabel Wees

5. Date of Birth of Child (Month, day, year) Sept. 8, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lowell Wees
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Benton Harbor, Michigan (City or town) (State or foreign country)
14. Exact Occupation Carpenter - Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Kelly
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Montreal Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that (Midwife) Ellen Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Lowell Wees Signature
Star Route, Wapato, Washington P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942
(SEAL) J. A. Graber Notary Public, residing at Wapato, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DEC 6 1965
DEC 21 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-122-006-459 338845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City P.O. Tilden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: about 7 years.
IN **THIS** county 7 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Sterling
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) State 61.

4. FULL NAME OF CHILD George Pugmire

5. Date of Birth of Child (Month, day, year) 5-22-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7 1/2

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Young Pugmire
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace St. Charles (City or town) Idaho (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Rancher at this time

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E. Merkley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing was used

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Mrs Buttcane (First name) Midwife (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E (Merkley) Pugmire Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) Johnson McCarroll Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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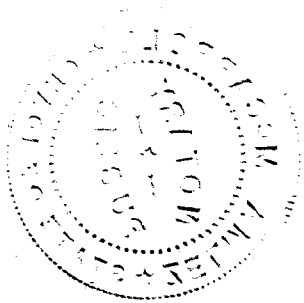

238-11903-236 338860

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (all items at time of this birth)
   (a) County Lewis (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Leopold Schlueter

5. Date of Birth of Child (Month, day, year) Oct 19 1941

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore Schlueter
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stolpe (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Stallberg
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leutenga Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at a. m. M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia (First name) Schlueter (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecelia Schlueter X Signature

P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942

(SEAL) Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1976

MAR 2 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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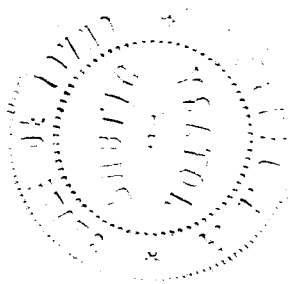

219-122-001-295

338874*

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338874
Local Reg. No.
Reg. Dist. No.

APR 1 1942

1. PLACE OF BIRTH
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 117 E. BANNOCK
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD FREDERICK ARNOLD BARTLETT

5. Date of Birth (Month, day, year) SEPT. 22, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE SAMUEL BARTLETT

11. Color or Race WHITE

12. Age at time of THIS birth 39 yrs.

13. Birthplace KENDALLVILLE, INDIANA (City or town) (State or foreign country)

14. Exact Occupation AUDITOR 1ST. NAT. BANK, BOISE, IDA

15. Industry or Business BANKER

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNY KINNEY

17 Color or Race WHITE

18. Age at time of THIS birth 31 yrs.

19. Birthplace WISONSIN (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Bartlett from family Bible (First name) (Last name), who is related to this child as wife (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Ida
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura L Spaulding being first duly sworn, say that I am Fredrick Arnold Bartlett (Name of person on certificate above) as neighbor (State relationship or acquaintance) ~~(Related to (or))~~ acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

* Laura L Spaulding Signature

P. O. Address

Subscribed and sworn to before me on this 1st day of April, 1942

(SEAL) My Commission Expires May 15, 1944 Notary Public, residing at Boise, Ida.

APR 1 1942

212

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-20-010-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 142 Ridge Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 142 Ridge Ave
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Georgianna Dunmire
5. Date of Birth of Child (Month, day, year) Aug 1 - 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy ✓
9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** George R. Dunmire
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Osoka (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie J Dunmire
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Goshen (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Mrs. Hertzog (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~Bessie Allen~~ Hattie J. Dunmire Owens Signature
1775 Higbee Ave., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942
(SEAL) Bessie Allen Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 MAR 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796-123-029-395

338937

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 11 Mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) TROY, IDAHO

4. FULL NAME OF CHILD LAWRENCE EDWARD GROSS

5. Date of Birth of Child (Month, day, year) April 23, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME DANIEL GROSS
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Deshler (City or town) OHIO (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN LININGER
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Wapakoneta, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Skagit }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that Mrs. Campbell (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Morgan Peterson Signature
616 Alexander, Sedro Woolley, Wash P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942.

(SEAL) Roesh Potter Notary Public, residing at Mt Vernon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1952

693-127-014-665

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD John Jessie Wittel

5. Date of Birth of Child (Month, day, year) Sept 27 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Sherman Wittel
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Shelbyville Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Libbie Elmer Owen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Blue Spring Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Libbie Elmer (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libbie Elmer Owen Wittel Signature
237 W. Tujunga Burbank P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942. California
(SEAL) Myrtle C. Quisenberry Notary Public, residing at North Hollywood
My Commission Expires July 19, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-219-023-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338992
Local Reg. No.
Reg. Dist. No. 32D

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Minnie Marie Hanthorn

5. Date of Birth of Child (Month, day, year) 2/19/1900

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Mervin Lorenzo Hanthorn
11. Color or Race Wht.
12. Age at time of THIS birth 36 yrs.
13. Birthplace Polk County (City or town) — Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Cason
17. Color or Race wht.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mt. Angel (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Hanthorn (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah / Washington } ss.
County of ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. [illegible] (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Hanthorn Signature

Weiser, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by [illegible], Registrar.

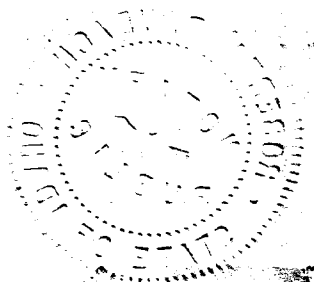
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



122-215-022-346

339047

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County ~~Bannock~~ Fremont (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~Home~~ days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Bannock~~ Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address Rigby, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Frances Askew

5. Date of Birth (Month, day, year) December 15, 1941

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Askew
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sheffield, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Cuffley
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at stillborn at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. George Hille (First name) (Last name), who is related to this child as Friend Midwife (Mother, etc.)

26. (a) MAR 27 1942 (Date received) (b) John J. Fahey (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of California
County of San Mateo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Head, being first duly sworn, say that I am Sister (Related to (or) acquainted with) Frances Askew (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Hille (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Head Signature

194 Montana St. P. O. Address

Subscribed and sworn to before me on this 24 day of March, 1942

(SEAL) John J. Fahey Notary Public, residing at Daly City, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-227.001-861

339063

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City near Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1894 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City near Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bessie Gladys Jordan

5. Date of Birth of Child (Month, day, year) Dec 27 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Jordan
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Jenning County, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Henrietta Hoagland
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace LeGrange County, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 41 years, and that Mrs. (First name) Aiken (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Hobson Jordan Signature
Quartz mountain Oregon P. O. Address

Subscribed and sworn to before me this 25 day of Mar, 1942

(SEAL) Vera A. Real Notary Public, residing at Quartz Mt. Ore. my com expires 11/22/44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

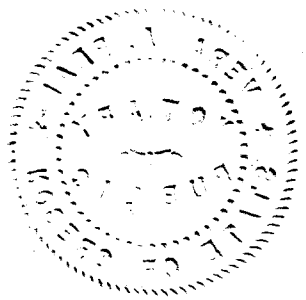
APR 1 1942

OCT 2 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-101-029-689

339066

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Walter Boon Spencer

5. Date of Birth of Child (Month, day, year) July 1, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Evan Jackson Spencer
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fencastle, Kentucky (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E. Whistman
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Dr. Olsen (First name) (Last name), who attended this birth and can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sirtha Sullivan Signature
Route 1, Brownsville, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Adam M. Wiehelm Notary Public, residing at Eugene Ore Jan 12 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-216-035-V66

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4yrs years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4yrs yrs.

3. RESIDENCE OF FATHER (city, state) Melrose, Id.

4. FULL NAME OF CHILD Cordelia May Summers

5. Date of Birth of Child (Month, day, year) 9-16-1900

6. Sex female **7.** Twin or Triplet none If so—born 1st, 2nd, 3rd none **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Summers
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Metz (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Dowell
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Buffalo (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of ~~Nez~~ Nez Perce ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for ~~42~~ 41 years, and that Dr. I. Parr (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Summers Signature
Myrtle Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42.
(SEAL) C. P. Hinkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

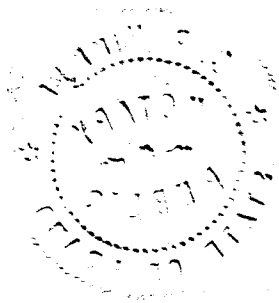
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914-22 8 10 29-355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339163
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At Home. IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MENDRICK IDAHO
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO.

4. FULL NAME OF CHILD STELLA RAWLE

5. Date of Birth of Child (Month, day, year) 7/28/1900

6. Sex female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EDWARD RAWLE
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OTTILIA LENZ
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that DR WA RATHWELL (First name) (Last name), who attended this birth who is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto Rawlekel Signature
MENDRICK IDAHO P. O. Address

Subscribed and sworn to before me this 28 day of July, 1942

(SEAL) Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-130-035-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose Ida

4. FULL NAME OF CHILD John Edward Helt

5. Date of Birth of Child (Month, day, year) 7-30-1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wilfred Helt
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgiana Pitts
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Schoolcraft (City or town) Mich (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr J. Lepard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgiana Helt Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942
(SEAL) J. E. Helt Notary Public, residing at Kamiah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 MAR 31 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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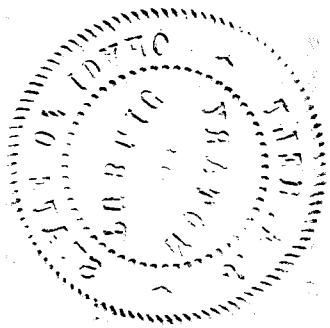

465-151022-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child Born at Parents Home.
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Freemont.
(c) City Menan.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Menan Idaho.

4. FULL NAME OF CHILD Lyle Merrill Montague.

5. Date of Birth of Child (Month, day, year) Nov. 15. 1900.

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Merrill S. Montague.
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Troy. (City or town) Kansas (State or foreign country)
14. Exact Occupation Retired Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura A. Conk.
17. Color or Race White. **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City. Utah (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 ~~years~~ since birth, and that John. Mrs. Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merrill S Montague Signature

My Commission Expires December 27, 1943. Route #1. Elsinore. Calif. P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.

(SEAL) Notary Public, residing at Elsinore. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-115-022-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Haden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 15 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Haden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 2425 Laurel Ave.

3. **RESIDENCE of FATHER** (city, state): Same Salem, Oregon

4. **FULL NAME OF CHILD** Robert R Sim

5. Date of Birth (Month, day, year) Mar. 15 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Michael Henderey Sim
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hannah Rowberry
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) Helen Latham (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Rowberry Sim, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert R. Sim (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Helen Latham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Rowberry Sim Signature

2425 Laurel Ave. Salem, Oregon P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1942

(SEAL) Bernice Lane Notary Public, residing at Salem, Oregon

My commission expires Mar. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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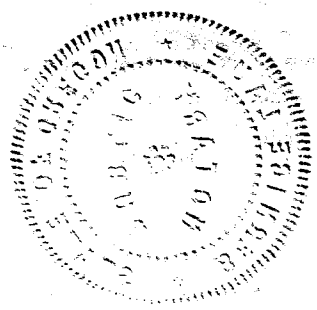

819-112-007-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339211
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 7 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho.

4. FULL NAME OF CHILD Elmer William Hart.

5. Date of Birth of Child (Month, day, year) 12/12/1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Radcliffe Hart.
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cleveland, Ohio. (City or town) (State or foreign country)
14. Exact Occupation Resident Mgr. Bell Telephone Co.
15. Industry or Business Telephone

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Millar.
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace North Bend Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Attending physician and midwife are both deceased M.D. Midwife Address Date

State of Arizona } ss.
County of Mohave }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 41 years, and that Dr. Nathan J. Brown. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Hart Signature
% C. M. Hart. Kingman, Arizona. P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42

(SEAL) Dorothy Drummett Notary Public, residing at Kingman, Arizona.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by ____, Registrar.

APR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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763-210-044-867.

339222

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 6 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Louise Grace Potter

5. Date of Birth of Child (Month, day, year) Nov. 10-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Francis Potter
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mercer County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Hopper
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Taney County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Mrs Ellen Reavis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Hopper Potter Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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132-206-004-419 339280

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. General Delivery.
(d) Name of Hospital or Maternity Home: Birth at home one mile south of Parma.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years xx months xx days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Parma
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho.

4. FULL NAME OF CHILD Minnie May Atkins

5. Date of Birth of Child (Month, day, year) June 6th 1900.

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnacy 9 Months **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Night Atkins
11. Color or Race English **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Near Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Izora Alice Martin
17. Color or Race Irish **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Near Black Oak (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Anna (First name) Martin (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Izora A. Grimes Bullock Signature
504 State St. Boise P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942 Idaho

(SEAL) S. D. Fairchild Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary F. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-231-008-294

339309

United States APR 4 1942 (Be sure the information is as of date of birth of THIS child) State File No. 339309
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~xxx~~ 9 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 ~~xxxx~~ yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD RUBY PEARL YERGENSON

5. Date of Birth of Child (Month, day, year) March 31, 1900

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Parley Yergenson
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Louise Kidman
17. Color or Race 18. Age at time of THIS birth 34 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Mrs. Mary McConnell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence L. Yergenson Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942
(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires October 13, 1944

Received for filing on APR 4 1942 by Maud F. Elder, Registrar.

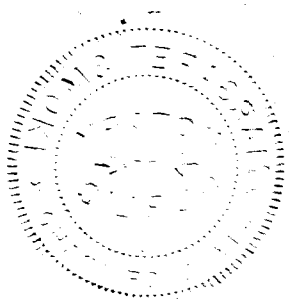
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-109-028-381 339355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339355
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 1017 4th
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD FREDERICK BISHOP CHAMBERLIN

5. Date of Birth of Child (Month, day, year) 4-9-1900

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert victor Chamberlin
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisie H. Chamberlin
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Milwaukee (City or town) Wisc. (State or foreign country)
20. Exact Occupation housewive
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Dr. Heber Elderkin (First name) (Last name), who attended this birth is now deseaced (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Daisie H. Chamberlin) Signature
1017 4th Coeur d' Alene, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942
(SEAL) [signature] Notary Public, residing at Coeur d' Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

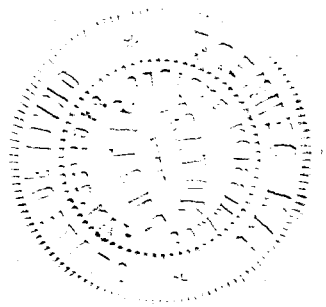
MAY 4 1965

JUL 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-219-035 #381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

No. 339415

CERTIFICATE OF BIRTH
STATE OF IDAHO

No.

No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Blanch Ada Greenwood

5. Date of Birth of Child (Month, day, year) Oct. 19, 1900

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph L. Greenwood
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Chandler
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that Name Not Known (First name) (Last name), who attended this birth Not Known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W. Greenwood Signature
Snoqualmie Wash. P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42

(SEAL) Notary Public, residing at Snoqualmie

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-108'011-433

339475

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Port Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Port Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William McLaughlin

5. Date of Birth of Child (Month, day, year) November 8, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah McLaughlin
17. Color or Race white
18. Age at time of THIS birth 15 yrs.
19. Birthplace Porthill Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 41 ½ years, and that Mary (First name) Miller (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Rogerson Signature
Porthill Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) Dollie Bruce ~~Notary Public, residing at~~ Clerk of the District Court, Boundary County, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

AUG 3 1959

DEC 28 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-214-025-986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: J. W. Bruner's Farm.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Idaho

4. FULL NAME OF CHILD Precious May Bruner.

5. Date of Birth of Child (Month, day, year) Dec 14 1900

6. Sex female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Bruner
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Rhoads.
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 42 years, and that John W. Turner (Dr.) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adelia Bruner Rohr Signature
2707 Fairfield St. Eureka Calif. P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942

(SEAL) Frank T. Meyer Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-204-004-38

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bearlake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bearlake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Audrey Dalton

5. Date of Birth of Child (Month, day, year) March 4-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9-Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Melvin Dalton
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Centerville Utah (City or town) (State or foreign country)
14. Exact Occupation Hay & Grain Buyer
15. Industry or Business Wholesale Hay & Grain Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adelaide Chase
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Springville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that Dr. Hoover (First name) (Last name), who attended this birth (is now deceased) (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelaide Chase Dalton Signature

1225 So Sierra Vista Ave. Alhambra California. P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) Eva K Loomis Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel H. Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-125 (028-351)

339598

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In their private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Idaho

4. FULL NAME OF CHILD Virgil Lynn McEuen

5. Date of Birth of Child (Month, day, year) July 28, 1900

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seth Hoyt McEuen
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Springville (City or town) Erie C. (State or foreign country) New York
14. Exact Occupation Dentist
15. Industry or Business Dental Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Leaver
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Waterloo (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Dr John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hattie McEuen Signature
807 - 4th St Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 22nd day of April 1942

(SEAL) M. E. Frandsen Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1962

MAY 29 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-218'016-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339612
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Idaho

4. FULL NAME OF CHILD Jennie Mae Barker.

5. Date of Birth of Child (Month, day, year) Oct. 18, 1900.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Henry Barker.
11. Color or Race White.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wellsville (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer & Stockman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Eliza Homer
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 41 years, and that Martha Parish (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Henry Barker Signature
Elba Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942.

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-109-036-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Box 574
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Malad

4. FULL NAME OF CHILD Griff J. Davis

5. Date of Birth of Child (Month, day, year) 11/9/1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph R. Davis
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake city, Utah (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anneliza Jones
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Homekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for all his life and that Dr. Spencer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jos R Davis Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 19 42

(SEAL) Bill Fallis Probate Judge Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796-118-006964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. No record
(d) Name of Hospital or Maternity Home: At childs grandmother's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ammon
(d) Street Address or R.F.D. No. R.F.D. #3
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD HORACE WESLEY GROW

5. Date of Birth of Child (Month, day, year) Dec. 18, 1900

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Isac Grow
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer and Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Rounds
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Sarah (First name) Beach (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella Grow Signature
110 Deleware Ave. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March Apr., 1942
(SEAL) H. E. Martin Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-217-029-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339678
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary Idaho

4. **FULL NAME OF CHILD** Goldie Irene Clark

5. Date of Birth of Child (Month, day, year) June 17 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Clark
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Terre Haute Indiana (City or town) (State or foreign country)
14. ~~Exact Occupation~~ Terre Haute Indiana
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Isabell Brooks
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Savannah Tenn (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mattie Hanhook King (First name) (Last name), who attended this birth Clarkston, Wash (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence I. Clark Signature
Avon Idaho P. O. Address

Subscribed and sworn to before me this 28th day of Marah, 1942

(SEAL) G H Wylie Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mabel E Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 194

FEB 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-125-009.259

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfie Edward Freel

5. Date of Birth of Child (Month, day, year) Oct. 25, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew J. Freel
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Decatur City (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Phebe Berreman
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 A. M. on the date and at the place stated above and that personal particulars were furnished by Emma (First name) Freel (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Dr. Edward (First name) Watt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma P. Freel Signature

Commission expires March 1, 1943 P. O. Address

Subscribed and sworn to before me this 2nd day of April, 19 42

(SEAL) Notary Public, residing at Hillsboro, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

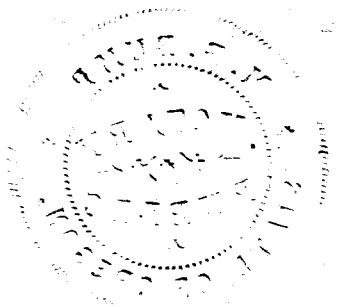
Received for filing on APR 4 1942 by Mabel Weldin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



717-007003-23b

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339761

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Samuel Gagon

5. Date of Birth (Month, day year) Jan. 7, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Gagon

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Carpenter-Builder

15. Industry or Business Lumber Yard-Hardware-Millwork-Paints

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Stone Gagon

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Gagon (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 6 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 3-13-42

State of Idaho } ss.
County of Caribou }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-22-203-869

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339762

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.
(f) Mother's mailing address Soda Springs,

3. RESIDENCE of FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Jessie Emma Moore

5. Date of Birth (Month, day year) Feb. 27, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Moore

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Peris, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sodine Horsley

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace Soda Springs, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sodine (First name) Moore (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 6 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 3-13-42

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Caribou }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sodine Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie Moore Gagon (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ellis Kackley (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-117.003-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339792
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. no Main
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same Place

4. FULL NAME OF CHILD John William Champlin

5. Date of Birth of Child (Month, day, year) 17 of Aug-1900

6. Sex male

7. Twin or Triplet 3 If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Whiting Champlin
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Sodus (City or town) New York (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Adell Champlin
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was H A Castle at (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that H A Castle (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Lizzie or Martha Adell Champlin Signature
938 E 111 Pl r Los Angeles P. O. Address

Subscribed and sworn to before me this 2nd day of april, 1942 Calif.
(SEAL) S. L. Reinhart Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel [illegible], Registrar.

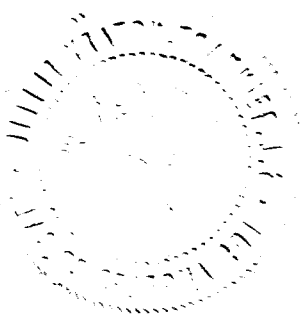
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418-108 · 216-215

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339799**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CASSIA (b) City BASIN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 19 years 7 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City BASIN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 2 yrs.
(f) Mother's mailing address BASIN IDAHO

3. RESIDENCE of FATHER (city, state) BASIN IDAHO

4. FULL NAME OF CHILD ARTHUR VALORIS DAYLEY

5. Date of Birth (Month, day year) FEB. 8, 1900

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES WISEMAN DAYLEY

11. Color or Race WHITE

12. Age at time of THIS birth 33 yrs.

13. Birthplace GRANTSVILL (City or town) UTAH (State or foreign country)

14. Exact Occupation LABORER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CARRIE MELISSA SANFORD

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace WARM CREEK (City or town) UTAH (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 12:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by CHARLES (First name) DAYLEY (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Susannah Dayley M.D. (D.O., Midwife, etc.)
and address Burley Ida Date Mar 31

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

FEB 11 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-21-003-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339811
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 706 N. 6th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 706-N. 6th
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Paul Robert Davis

5. Date of Birth of Child (Month, day, year) Oct. 21, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Benjamin Davis
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Williamsburg, Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad service
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Estella Clark
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Griswold, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that James H. Rean M. D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mae E. Davis Signature
Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of April, 19 42

(SEAL) Gladden Jennings Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary [illegible], Registrar.

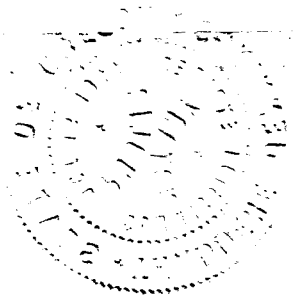
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-101-044-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339839
Local Reg. No. also
Reg. Dist. No. 340340

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Mathew Currey Mitchell

5. Date of Birth of Child (Month, day, year) 12/1/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Currey Mitchell
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Jefreys
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 41 years, and that Dr. Numbers (First name) (Last name), who attended this birth Boise Ida if alive (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alonzo Currey Mitchell Signature
P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942

(SEAL) [signature] Notary Public, residing at Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263-202-228-216

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

APR 6 1942 STATE OF IDAHO

State File No. 339852
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Mildred Pearl Bothwell

5. Date of Birth (Month, day year) Jan. 2, 1900

6. Sex Female

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred S. Bothwell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wellingame, Kansas (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Belle Sawley
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Baldwin, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver or silver salt
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lena Belle Bothwell, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Mildred Pearl Bothwell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is unknown and cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lena Belle Bothwell Signature

Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1942.

(SEAL)

Notary Public, residing at Lewiston, Idaho

APR 16 1945

FEB 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

445-201-006459 339889

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years unknown months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) ~~Street Address or~~ R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Doris Elthora Dunn

5. Date of Birth of Child (Month, day, year) Apr. 1-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Dunn
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman &
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Merrill
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Oxford, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Ann Dunn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. W. Mitchell M.D. Midwife Address Blackfoot, Idaho Date 3/18/42.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 11, 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-131-028-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339911
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years ∞ months ∞ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Idaho

4. FULL NAME OF CHILD Percival Francis Warren

5. Date of Birth of Child (Month, day, year) Dec. 31, 1900

6. Sex male

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Milton Spencer Warren
11. Color or Race English
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mondovi (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Fox
17. Color or Race Irish
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fort Covington (City or town) N. York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that Mrs Overstreet (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Warren Signature
Post Falls P. O. Address

Subscribed and sworn to before me this 7 day of April 1942
(SEAL) [signature] Notary Public, residing at Post Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-130-035-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Hoddy Pettey

5. Date of Birth of Child (Month, day, year) Sept. 30, 1900

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Pettey
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Taylor
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace State of Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 sex (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 41 years, and that Dr. Farley (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dan J. Taylor
Signature
Lewiston, Idaho
P. O. Address

Subscribed and sworn to before me this 6 day of April 1942

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary F. Elder, Registrar.

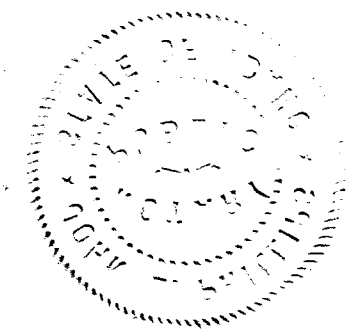
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



846-201 008-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 11 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Ida.

4. FULL NAME OF CHILD Ida Elmira Nuffert

5. Date of Birth of Child (Month, day, year) 4-1-1900

6. Sex White **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Gerard Nuffert
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Placerville Idaho (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Eliza Kennedy
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 40 years, and that Dr Warren Crowe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Kennedy Graham Signature

P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL)

NOTARY PUBLIC, State of California, Los Angeles County
Oct. 23, 1944

Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel Kessler, Registrar.

APR 1

MAY 2 1963

SEP 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 701 010-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340148
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Walter Carl Ernest Waetje

5. Date of Birth of Child (Month, day, year) March 1st 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Peter Henry Waetje
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Luebben (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Schroeder
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Luebben (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Iowa
County of Crawford } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ✓ Sister (Mother, etc.) of the person whose name appears ~~in Item 4, above,~~ that I am now 52 years of age, that I have known this person for 40 years, and that M.D. (First name) not known to me (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Waetje Dillavou ..... Signature

Dow City, Crawford County, Iowa. ..... P. O. Address

Subscribed and sworn to before me this 5th day of April, 1942

(SEAL) Justice of the Peace ~~Notary Public~~, residing at Dow City, Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ....., Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-217-029-249

340158

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 3 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Mabel Gerthalina Weeks

5. Date of Birth of Child (Month, day, year) Dec. 17 - 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Weeks
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Milla Smith
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Smith Signature
405 College Avenue, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) [signature] Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 123 007 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City while
(c) Street Address or R.F.D. No. traveling
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Earl Roberts

5. Date of Birth of Child (Month, day, year) Aug. 23, 1900

6. Sex male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Spellman Roberts
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Indianola (City or town), Indiana (State or foreign country)
14. Exact Occupation Laborer & Cowboy
15. Industry or Business Common

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sabra Ann Fales
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kansas City (City or town), Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sabra A. Roberts (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife ✓ Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for over 41 years, and that Mary Jane Fales (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sabra A Roberts Signature
709 Memorial Dr., Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

By Grace McIntosh Deputy

Received for filing on APR 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 222003-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Ellen Margaret Phillips

5. Date of Birth of Child (Month, day, year) Nov. 22, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin H. Phillips, Sr.
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Machinist on Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Marguerite Nelson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa } ss.
County of Marshall }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x [signature] Signature

Rural Route #2, Marshalltown, Iowa P.O. Address

Subscribed and sworn to before me this 7th day of April, 19 42

(SEAL) [signature] Notary Public, residing at Marshalltown, Marshall County, Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-222035-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez-Perce (b) City Lewiston Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home - Dont Remember name
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Dont remember
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Erma Mabel Johnson

5. Date of Birth of Child (Month, day, year) April 22 1900

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Stephen Johnson
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace — (City or town) Jackson County (State or foreign country) Mo
14. Exact Occupation
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen M Smith
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Gena (City or town) Carson Valley (State or foreign country) Nev
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that Dont Remember (First name) (Last name), who attended this birth Doctor now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen M. Johnson Signature
844 N St Sparks P.O. Address

Subscribed and sworn to before me this 2 day of April, 1942 Nev

(SEAL) [signature] Notary Public, residing at Sparks Nev

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-110-001-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county several years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 50 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD William Edward Jones

5. Date of Birth of Child (Month, day, year) Sep. 10, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Catlet Jones
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Plainview (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business No

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Johnson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Palmyra (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 over years, and that Dr Compton (First name) (Last name), who attended this birth Think Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ella Jones Bay Signature
Notus, Ida P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) Fred L. Evans Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-229-
025-252 APR 15 1942

340312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Green Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Green Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Norma Kessler

5. Date of Birth of Child (Month, day, year) July 27th 1900

6. Sex Fe Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William D. Kessler

11. Color or Race White **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Auburn Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Mae Kessler

17. Color or Race White **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Michigan (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Dr. (First name) Shawley (Last name), who attended this birth Mrs. Trautman (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William D. Kessler Signature

Chewelah, Wn. P. O. Address

Subscribed and sworn to before me this 31 day of March, 1942

(SEAL) Alice Jones Notary Public, residing at Chewelah, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to~~ report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Stevens } ss.

Certificate No. 340312

Date Filed April 15, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cleo Norma Kessler (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1900 (Date of Event)
in Green Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	July 15, 1900	July 29, 1900

Subscribed and sworn to before me this 17 day of April, 1943

Notary Public, residing at Chewelah Wn

My commission expires Mar 15, 1946
(Seal)

Signed William D. Kessler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chewelah Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash }
County of Stevens } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1943

Notary Public, residing at Chewelah Wn

My commission expires Mar 15, 1946
(Seal)

Signed × Zerelda M. Kessler
(Signature of any Credible Person Other Than Previous Year)

Chewelah Wn
(Street Address, City, State)

MAY 27 1943

766-120 009-249

340371

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 1, Sandpoint
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 1, Sandpoint
(e) How long has **MOTHER** lived in Idaho? 2 7/12 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint

4. FULL NAME OF CHILD Basil Ernest Gooby

5. Date of Birth of Child (Month, day, year) Feb. 20, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Moore Gooby

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Little Port (City or town) England (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Smith

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace North Shields (City or town) England (State or foreign country)

20. Exact Occupation [redacted] wife

21. Indu[redacted] Bus[redacted]

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including [redacted] (b) Be[redacted]ive and now liv[redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Jane Wicks (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO, County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first [redacted] sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Susannah (First name) Palmer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Wicks Signature

Sagle, Idaho P. O. Address

Subscribed and sworn to bef[redacted] 26th day of March, 19 42

(SEAL) [redacted] Notary P[redacted] at Sandpoint, Idaho

(Note: Perjury is punishab[redacted] in Idaho; see Sec. 17-914, Idaho Code)

Received for filing on APR 13 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

ssion Laws, Chapter 139, Section 4)

of a child born prior to the effective date of ssion Laws, has not been recorded, or in case of y birth which has occurred subsequent to such y be received and filed by the local registrar for of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife; or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-210 018-269

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Near Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Near Orofino

4. **FULL NAME OF CHILD** Ruth Byers

5. Date of Birth of Child (Month, day, year) April 10, 1900

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Byers
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace South Bend (City or town), Indiana (State or foreign country)
14. Exact Occupation Homesteader and Woodcutter
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Mabel Sorber
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Luzerne County, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Water

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Dr. Pierce (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frances M. Byers Signature
Manhattan Beach, California P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL) Earl J. Robertson Notary Public, residing at Manhattan Beach, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ..... Registrar.

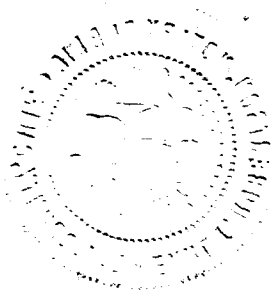
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-124-040-214

340393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD JOSEPH FRED BAUSANO

5. Date of Birth of Child (Month, day, year) July 24, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN BAUSANO
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace PUNTO CANAVESE, ITALY (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY BAUSANO
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace PUNTO CANAVESE, ITALY (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kittitas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 74 years, and that Mrs. Joe Piela (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bausano Signature
401 - E - 2nd St. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) Stanley Seddon Notary Public, residing at Cle Elum, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Idaho

4. FULL NAME OF CHILD William Hayden Davidson

5. Date of Birth of Child (Month, day, year) Dec 4, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Franklin Davidson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Bundle
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wallowa (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Davidson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Colorado } ss.
County of Montezuma }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Name Unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Davidson Signature

Kay Colo P. O. Address

My Commission Expires Feb. 25, 1943

Subscribed and sworn to before me this 7th day of April, 1942.

(SEAL) Ralph L. White Notary Public, residing at Craig, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Earl Templin Wilson

5. Date of Birth of Child (Month, day, year) 3-9-1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Breckon Wilson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jacksonville (City or town) Ill's. (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Virginia Templin
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Palo (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that — Dr. Strawley (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Viola Virginia Wilson Signature
4600 - Orchard Ave. Los Angeles P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) P. S. Mary Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1965

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City None
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City None
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai Idaho

4. FULL NAME OF CHILD Gunnar George Peterson

5. Date of Birth of Child (Month, day, year) 10/1/1900

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd 4
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Peterson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Vingaker (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Matilda Anderson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Vingaker (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Anna (First name) Benson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L Nelson Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942

(SEAL) Harold S. Eveley Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DEC 6 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-116-036-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county xxx years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD William Leland Morgan

5. Date of Birth of Child (Month, day, year) 6/16/1900

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David J. Morgan
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Glamor Gams Hire, Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Clousa, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 41 years, and that xMaxxx J. M. Kern (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Stazel M. Evans Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this ____ day of April, 1942

(SEAL) ____ Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-223 007814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340638
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BLAIN (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Parents Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BLAIN
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Marian Ainsworth

5. Date of Birth of Child (Month, day, year) July 23 1900

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ainsworth
11. Color or Race English
12. Age at time of THIS birth 53 yrs.
13. Birthplace ENGLAND (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Diversified

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HANNAH M. HAMPSON
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Date

State of Idaho } ss.
County of BLAINE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother-In-Law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for Nearly 42 years, and that Elizabeth (First name) Howard (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Runyan Signature

Carey Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) W. H. Davison Notary Public, residing at Carey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel Helm, Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Patterson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Patterson
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Patterson Idaho

4. FULL NAME OF CHILD Cashus Emmett Jones

5. Date of Birth of Child (Month, day, year) Dec 17-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emmett L. Jones

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Texas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary G. Carlson

17. Color or Race White **18.** Age at time of THIS birth 21 yrs.

19. Birthplace Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 41 years, and that Granny Barstock (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta C. Bowen Signature

Haines, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) Notary Public for Oregon Notary Public, residing at Haines, Or.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires July 12, 1943

Received for filing on APR 15 1942 by Mabel Redfern, Registrar.

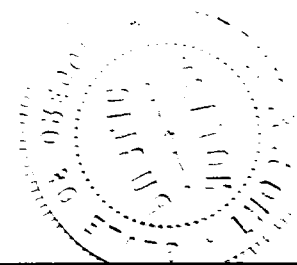
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-718009-386

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clark Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mrs Nagel.
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Not Living

4. FULL NAME OF CHILD Charles Schlicht

5. Date of Birth of Child (Month, day, year) Oct 18-1900

6. Sex Boy.

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Henry Schlicht

11. Color or Race white **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Germany. (City or town) (State or foreign country)

14. Exact Occupation Laborer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Margaret Thomsen

17. Color or Race white **18.** Age at time of THIS birth 26 yrs.

19. Birthplace Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Christina Schlicht (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's OWN signature Annie Nagel M.D. Midwife Address Clarks Fork Ida Date 4/11/42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Kessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-131-004-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is a[redacted] birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Mont. Idaho

4. FULL NAME OF CHILD Frank Calvin Bresee

5. Date of Birth of Child (Month, day, year) Mch 30, 1900

6. Sex Male

7. Twin or Triplet no

If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** P. L. Bresee
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace I believe Michigan (City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business Railroading

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Chapman
17. Color or Race white
18. Age at time of THIS birth 22yrs yrs.
19. Birthplace North Platte, Neb. (City or town) (State or foreign country)
20. Exact Occupation housewife
[redacted]

22. Name prophylactic used to prevent Ophthalmia Neonato[redacted]
23. Number of children of this mother: (a) At time of birth [redacted] Born alive and now living [redacted]

ATTENDAN[redacted]

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dead (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr Guyon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Bresee Nelson Signature
501 Cedar St. LaGrande, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) Rodney J. Kitchen Notary Public, residing at LaGrande, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com. ex. 6/11-44

Received for filing on APR 15 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of [illegible] 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title [illegible] Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 212029 253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City -rural-
(c) Street Address or R.F.D. No. -2-
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City in rural district
(d) Street Address or R.F.D. No. -2-
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grace Bell Wilmarth

5. Date of Birth of Child (Month, day, year) June 12, 1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wilmarth
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace McClain county, Illinois (City or town) (State or foreign country)
14. Exact Occupation miner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Bechtel
17. Color or Race white
18. Age at time of THIS birth unknown
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now the midwife, years of age, that I have known this person for -42- years, and that Cymanthy Yarborough, (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I further state that Cymanthy Yarborough was my aunt.

Edmund E. Hardon Signature
714 N Walnut Spokane Wash P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42.

(SEAL) Winnifred McPherson Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-113-003-577

340785 340785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Vernon Franklin Spillman

5. Date of Birth of Child (Month, day, year) January 13, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9-

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Spillman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Boiler maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Eggertz
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Logan, Cache, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. (First name) Castle (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Eggertz Spillman Signature
R. F. D. #1, St. Anthony, Ida. P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) [signature] Clerk of District Court ~~Notary Public~~, residing at ST. ANTHONY, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433/21/012.236

340814 340814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340814
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Darlington
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ralph Edward McClellan

5. Date of Birth of Child (Month, day, year) Jan. 21, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Vernon McClellan

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Montpelier, (City or town) Ida. (State or foreign country)

14. Exact Occupation Catt e raiser and Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minda Stoddard

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Minersville, (City or town) Utah (State or foreign country)

20. Exact Occupation house-wife

21. Industry or Business

22. Name prophylactic used to prevent [illegible]

23. Number of children of this mother: (a) At time of [illegible] this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that Mrs. Helen Richardson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minda Laeger Signature

7605 S. E. Knight St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42.

(SEAL) My Commission expires Jan. 5, 1945 Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary F Elder, Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted] to the effective date of Chapter 191, [redacted] been recorded, or in case of failure to report [redacted] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-123-029-1415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340898
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private residence
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Scott

5. Date of Birth of Child (Month, day, year) March 23, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Abanon Scott
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Lee Manson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Tennessee Caro (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Minerva Scott (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Lee Scott Signature

Pullman, Washington P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42

(SEAL) Katie Stevenson Notary Public, residing at Pullman, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-11-007433

340953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City LOST RIVER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City LOST RIVER PRECINCT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) LOST RIVER, IDAHO.

4. FULL NAME OF CHILD SEYMOUR ALEXANDER BEVERLAND

5. Date of Birth of Child (Month, day, year) AUG 17-1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALEXANDER BEVERLAND
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LOGAN, (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME AMY McCRUMB
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace NEW WILMINGTON, (City or town) PENN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO } ss.
County of BUTTE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that MIDWIFE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Beverland Signature
MOORE, IDAHO P. O. Address

Subscribed and sworn to before me this 15TH day of APRIL, 19 42.

(SEAL) Notary Public, residing at ARCO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 T21-002-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340[redacted]3
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City County
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glen Alfred Harrington

5. Date of Birth of Child (Month, day, year) Oct 21 at 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Zaddock Harrington
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Wyandotte (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Montgomery
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Malheur (City or town) Ore (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted]
23. Number of children of this mother: (a) At time of birth and including this child [redacted] (b) Born alive and now living [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at [redacted] M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942
(SEAL) Matilda Moser Clerk District Court Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 127 022-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 941099
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Lewisville
(c) Street Address or R F D No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Lewisville Idaho

4. **FULL NAME OF CHILD** Milburn Lester Taylor

5. Date of Birth (Month, day, year) Aug. 27, 1900

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Taylor
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Sheriff of Fremont Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Elizabeth Marler
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Huntsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 20 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Milburn Lester Taylor (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Bryan (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Taylor Name

112 E Plymouth St., Long Beach, P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942 Calif.

(SEAL) Notary Public, residing at Long Beach, Calif.

Commission Expires June 10th, 19[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-124044-114

341131

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Idaho

4. FULL NAME OF CHILD Elmo Jamieson Tuttle

5. Date of Birth of Child (Month, day, year) Dec. 24, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Cox Tuttle
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wallace, Novia Scotia, Canada (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Jamieson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rosette Quebec Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 77 years of age, that I have known this person for 41 years, and that Mr. (First name) unknown Green (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James C of Tuttle
Signature
P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL) Lovell A. [illegible] Notary Public, residing at Waitsburg, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [illegible], Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341132
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (rural)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City (rural) Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) (rural) Moscow Idaho

4. FULL NAME OF CHILD Edward Alfred McCracken

5. Date of Birth (Month, day year) May 20- 1900

6. Sex Male

7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Berry Simpson McCracken
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace ✓ (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Hutchiens Wm. J. N.P.
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace ✓ (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Hartwell (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

NOTARY PUBLIC
In and for the County of San Mateo, State of California
My commission expires April 26, 1944

25. Attendant's OWN signature x Minnie Hartwell M.D. (D.O., Midwife, etc.)
and address 754 Niantic Ave Daly City, San Mateo Co., Calif. Date 4/16/42

26. (a) APR 20 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of San Mateo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Hartwell, being first duly sworn, say that I am Aunt to (Related to (or) acquainted with) Edward Alfred McCracken (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Adelia Hutchiens (Name of attendant at birth) who attended said birth Deceased (Grandmother) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

NOTARY PUBLIC
In and for the County of San Mateo, State of California

x Minnie Hartwell Signature
754 Niantic St Daly City, Calif. P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1942

(SEAL) William Lagomarsino Notary Public, residing at 19 Molche St Daly City, Calif.

My commission expires April 26, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

243 103 028 312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **341172**

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida.

4. **FULL NAME OF CHILD** Joseph Henry Buckle

5. Date of Birth of Child (Month, day, year) June 3, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Buckle
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Stark County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Casey
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Waukesha Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Mrs. Taylor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Buckle Signature

Hayden Lake, Ida. P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) ..... Notary Public, residing at Coeur d'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; ~~see Sec. 17-314~~, Idaho Code Annotated.)

Received for filing on APR 18 1942 by ..... Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-228021-855

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341199
Local Reg. No. 110
Reg. Dist. No. 240

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Woolley

5. Date of Birth of Child (Month, day, year) April 28, 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezra Foss Woolley
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Saintgeorge (City or town) Utah (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business Preston Postoffice

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Ann Hemenway
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Saintgeorge (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Grace Geddes (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Utah } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 55 years of age, that I have known this person for 42 years, and that DR. Allen R. Cutler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Geddes — Signature

Logan, Utah — P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942

(SEAL) Jan Marshall — Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-13-1942 APR 17 1942 by Effie W. Brown, Registrar.

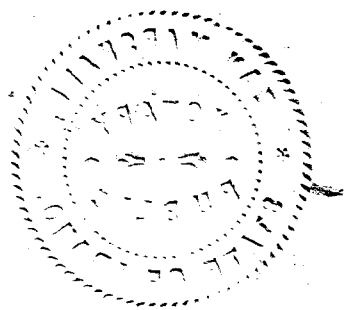
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359 109 028 453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls, Id,
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Philip Frank Cerveny

5. Date of Birth of Child (Month, day, year) Aug. 9- 1900

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Cerveny
11. Color or Race White **12.** Age at time of THIS birth about 28 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation mill wright
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Emogene Delaunder
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Potsdam (City or town) New York (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature No Doctor M.D. Midwife Nurse's name forgotten Address Post Falls - Idaho. Date both dead.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther E Cerveny Signature
9 427A N.E. Skidmore Portland Ore. P. O. Address

Subscribed and sworn to before me this 1 day of April, 1942

(SEAL) George E Miller Notary Public, residing at Portland Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-202-028-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Farm
(c) Street Address or R.F.D. No. none
(d) Name of Hospital of Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home Private Home Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address (For registration notice):
Priest River Idaho
(Street or R.F.D.) (Post Office)

3. **RESIDENCE OF FATHER** (city, state) Idaho Priest River

4. **FULL NAME OF CHILD** Marie Josephine Finstad

5. **DATE OF BIRTH** (Month, day, year) Feb 2nd 1942

6. Sex Feemmul

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob G Finstad

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Norway (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Louise Springer

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace James Will Ohio (City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at Febr 2nd M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as now Dead. (Mother, etc.)

26. (a) Subscribed & Sworn to Before Me This 2nd Day of April, 1942, (Date received) (b) Richa [illegible] (Registrar's signature)
Notary Public in and for Idaho

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Jacob G. Finstad M.D. (D.O., Midwife, etc.)
and address Priest River Date

APR 20 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred [redacted]. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho. Blated birth certificate

FEB 27 1962

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending ysician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, seholder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private itutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth ing occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that pur-e.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person rged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a per certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a demeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

Pregnancy: Complications of .....

.....

.....

Labor: Complications: .....

.....

..... Induced? .....

.....

State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

168 129 006 259

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No. BLACKFOOT
(d) Name of Hospital or Maternity Home: BARN AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 5 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. No. BLACKFOOT
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) BLACKFOOT, IDAHO

4. FULL NAME OF CHILD CARL AXEL JOHNSON

5. Date of Birth of Child (Month, day, year) OCT. 29, 1900

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd L

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME LARS WILLIAM JOHNSON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace ESKILNA (City or town) SWEDEN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD BERGREN

16. FULL MAIDEN NAME HILMA BERGREN
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace SMOLEN (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of CALIFORNIA } ss.
County of FRESNO }

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that DR. MEYERS (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lars William Johnson Signature
1040 VENTURA ST., KINGSBURG, CALIFORNIA P. O. Address

Subscribed and sworn to before me this 17th day of APRIL, 1942

(SEAL) Notary Public, residing at FRESNO COUNTY, CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-101-014852

341371

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D.No. 1011 Arthur St.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days; IN **THIS** county 29 years 2 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D.No. 1011 Arthur St.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address Caldwell, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Samuel Hartkopf

5. Date of Birth (Month, day year) June 1, 1900

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel D. Hartkopf
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Fredrickstown, Missouri (City or town) (State or foreign country)
14. Exact Occupation Tinsmith
15. Industry or Business Tinsmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Hesse
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Old Appleton, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Hartkopf, being first duly sworn, say that I am related to (Related to (or) acquainted with) Samuel Hartkopf (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Wright (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lena Hartkopf Signature

1011 Arthur St., Caldwell, Idaho O. Address

Subscribed and sworn to before me on this 22nd day of June, 19 41

(SEAL) [signature] Notary Public, residing at Caldwell, Idaho

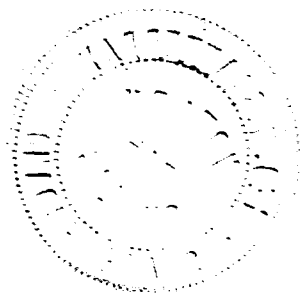
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



468-128-028-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342484
Local Reg. No. /
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City St Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St Maries, Ida.

4. FULL NAME OF CHILD Phillip Francis Moyer

5. Date of Birth of Child (Month, day, year) Jan. 28, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Moyer
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Humbolt (City or town) Nebraska (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora A. Brengman
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Moyer Signature
R#2, Bx 34, Auburn, Washington P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42.
(SEAL) Notary Public, residing at Auburn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

147-18-1029-653

342513

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City or Town Freeze
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Mothers home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county — years 8 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Freeze
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 8 mo.
(f) Mother's mailing address Freeze, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Florence Marie Augir

5. Date of Birth (Month, day year) Oct. 18, 1900

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Henry Augir

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Maynard (City or town) Iowa (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Wetherbee

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace West Union, Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. ~~Number of children of this mother~~: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 23 1942 (Date received) (b) Mid Wife (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Carroll, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Florence Marie Augir (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mid Wife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Carroll Signature

N. 4108 Calispell St Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 13th day of April 1942

(SEAL) Jane C. Nickerson Notary Public, residing at Spokane, Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when ~~such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-228-016-455

342643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arlie L. Abercrombie

5. Date of Birth of Child (Month, day, year) Sept. 28-1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John David Abercrombie
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace I do not know (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice M. Dennis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Knoxville (City or town) Iowa (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Dr. (First name) Stacy (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice M. Parks Signature
Hagerman Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942

(SEAL) [signature] Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-230235-354

342674

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Ansaka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ansaka
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Ansaka, Idaho

4. FULL NAME OF CHILD Winefred Opal Keller

5. Date of Birth of Child (Month, day, year) May, 30, 1900

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lester Henry Keller
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Mankota (City or town) Minnesota (State or foreign country)
14. Exact Occupation sawmill operator
15. Industry or Business sawmill lumber business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Lemman
17. Color or Race white **18.** Age at time of THIS birth 31yr 10mo yrs.
19. Birthplace Attica (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known if any

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41yr 10mo years, and that only medical doctor of Orifino (Last name) Idaho (Last name) year of 1900, who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Lemman Keller Signature

P. O. Address

Subscribed and sworn to before me this 18th day of April, 1947

(SEAL) Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1947 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

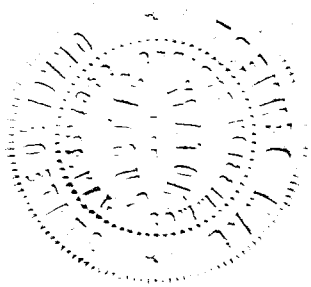
NOV 7 1961

APR 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



895-123-133-253

342719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Silas Jesse Hinckley

5. Date of Birth of Child (Month, day, year) 23 Oct. 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Silas Hinckley
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Coleville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Elnora Bell
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Newton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Madalene Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly Elnora B. Hinckley Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 19 42.

(SEAL) Dawes Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mal [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-114-022-464

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342875
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City REXBURG (now Madison)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county Several years months, days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg (now Madison)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GOLDEN WILLIS HAWKES.

5. Date of Birth of Child (Month, day, year) Dec. 14, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOSEPH BRYANT HAWKES

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Elizabeth Dowdle.

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Franklin (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40 years, and that Dant Knox (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bryant Hawkes Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) Daniel Ricks Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-108-044-455

342973

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none (private home)
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge-Ida

4. **FULL NAME OF CHILD** Dewey Samuel Hunt

5. Date of Birth of Child (Month, day, year) Jan. 8th, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester Peter Hunt
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business Parctice of medicine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary M. Denny
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salubria Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Sr. (First name) Green (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Denney Adams Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42.

(SEAL) Fred D Wooster Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 27 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-211-035-751

343077

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Delsol Lane & G Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Delsol Lane & G St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Stella Mae Ankrom

5. Date of Birth of Child (Month, day, year) June 11, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Ankrom
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Washington (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Della Pearce
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Belle (First name) King (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Della O'Keefe Signature
309 Delsol Lane Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942

(SEAL) Ruby Wingerby Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-227036-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343142
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Frances D. Nelson

5. Date of Birth of Child (Month, day, year) Jan. 23, 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jens P. Nelson
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Nortvede (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Frandsen
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Tyvelse (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Martha (First name) Hansen (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jens P. Nelson Signature
450 S. Main St., Brigham, Utah P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942
(SEAL) J. Normanhea Notary Public, residing at Brigham, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-22 00 6-679

343171

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343171
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bingham (b) City Blackfoot, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county years 3 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Freida Catherine Fisher
5. Date of Birth (Month, day, year) May 22-1900
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Winus William Fisher
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hamburg, Germany. (City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie O'Grady
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Perth County, Canada. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 29 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Colorado
County of Weld } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie O'Grady Fisher, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Freida Catherine Fisher (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maggie O'Grady Fisher Signature
RFD #2, Box 379, Greeley, Colorado P. O. Address

Subscribed and sworn to before me on this 21st day of January, 1942

(SEAL) Gail S. Morgan Notary Public, residing at Greeley, Colorado
My commission expires March 28th 1943.

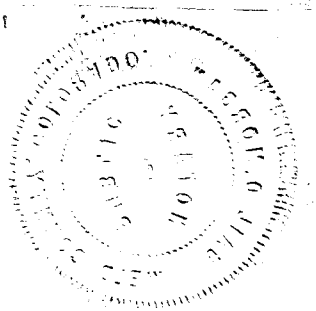
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



383-225014-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10½ yrs.

3. RESIDENCE OF FATHER (city, state) Cnayon Co, Idaho

4. FULL NAME OF CHILD Eulalie Tyler

5. Date of Birth of Child (Month, day, year) June 25, 1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Sheridan Tyler
11. Color or Race White
12. Age at time of THIS birth 39½ yrs.
13. Birthplace San Jose, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Detrick
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Leon, Decatur County, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Jennie Langley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Detrick Tyler Signature
5810 South L Street, Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942
(SEAL) Bertha O. Flotre Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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966-229 007 766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Mabel Claire Rowley

5. Date of Birth of Child (Month, day, year) Jan. 29, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James John Rowley
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fort Covington, New York (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Ann Pool
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Quincy (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ____ years, and that Mrs. Katherine Byrnes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Rowley Signature
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42.

(SEAL) B. P. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9101 Idaho Code Annotated)

Received for filing on APR 30 1942 by Mabel Teller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1967
MAR 17 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393 121 001 469

MAY 4 1942

343367

343367

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343367
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 1007 N 8th
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 1007 N 8th
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address is now deceased

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Errol Winfred Little

5. Date of Birth (Month, day year) July 21, 1900

6. Sex Male

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bedell Little
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sparta, Illinois U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lauretta Morse
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Boise Idaho USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (b) Mary E Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Ada } ss.

I, Charles Bedell Little, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Errol Winfred Little (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Lower C Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Bedell Little Signature
1016 N 8th St Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of May 1942

(SEAL)

W. T. Bailey Notary Public, residing at Boise Idaho

Notary Public in and for the State of Idaho.
My commission expires January 20, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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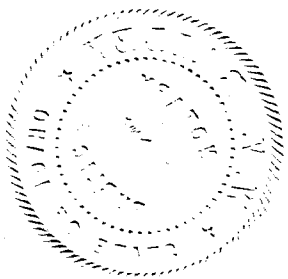

133-21 0044-125

343382

United States Department of Commerce Bureau of the Census

MAY 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Ruhamah Allison

5. Date of Birth of Child (Month, day, year) April 10, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Allison
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salubria (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Abernathy
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salubria (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. Loder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alex Ander Allison Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 19 42

(SEAL) Arthur Wilson Notary Public, residing at Cambridge Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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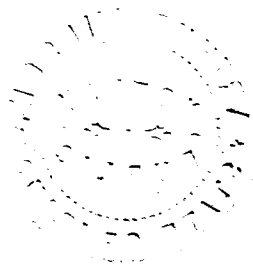

454.214 001 795 343392

United States MAY 6 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Emma Louise De Meyer

5. Date of Birth of Child (Month, day, year) Oct. 14. 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward De Meyer
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Ghent (City or town) Belgium (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Marie Givert
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Ghent (City or town) Belgium (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Marie (First name) De Cloedt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Marie De Meyer Signature
P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) James S. Bogart Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1965

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691-210029 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343429
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. First Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. First Street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow

4. FULL NAME OF CHILD Helen Frantz

5. Date of Birth of Child (Month, day, year) May 10-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Alan Frantz
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Muscatine (City or town) Iowa (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business Hardware Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy B. Woodworth
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Big Rapids (City or town) -Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr. William A. Adair (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie E. Owings Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) E. S. Thompson Notary Public, residing at Moscow
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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855-104022235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343480
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Badger
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Badger
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Badger, Idaho

4. FULL NAME OF CHILD JESSE JAMES HENDRICKSON

5. Date of Birth of Child (Month, day, year) July 4, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRANK HENDRICKSON
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wanship, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ANGELINE STEWART
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of WASHINGTON } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Fannie Maria Stewart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A. Hendrickson Signature

606 N. 16th Ave., Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42

(SEAL) Helen W. Murphy Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

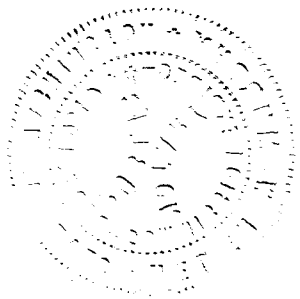
APR 14 1960
NOV 26 1980

1 2 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815 7/14 036-155

343482

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Jesse Erastus Hansen

5. Date of Birth of Child (Month, day, year) Sept 14 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Erastus Snow Hansen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Sophia Jensen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Brigham (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Mrs. M. C. Jensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter B. Jensen Signature
Bancroft Idaho P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942

(SEAL) Charles W. Shanklin Notary Public, residing at Bancroft Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942122-028-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Santa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on homestead 4½ miles from Santa, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years few months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Santa (homestead near by)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? few mos yrs.

3. RESIDENCE OF FATHER (city, state) Santa, Idaho

4. FULL NAME OF CHILD George Willis Rush

5. Date of Birth of Child (Month, day, year) August 22, 1900

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** BENJAMIN KENNY RUSH
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Royalton (City or town) Ohio (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Homesteader

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Maria Holmes
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace ? (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 41 years, and that ? (First name) ? (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rush Signature
1017 Boren Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942
(SEAL) [signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by [signature], Registrar.

MAY 4 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713104-029-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claud Elmer Palmer

5. Date of Birth of Child (Month, day, year) Dec. 4, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Perry Palmer
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace South Bend, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Leora Maxwell
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bicknell, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mrs. Cuthbert (First name) (Last name), who attended this birth not available (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Leora Palmer Signature

Viola, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Lauserne E. Huff Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 112-029-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Philip Halverson

5. Date of Birth of Child (Month, day, year) 12 12 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Halvor Halverson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Denmark Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jacobina Jenson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 41 years, and that midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Hans L Halverson Signature

East F. St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) ____ Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 1 1966

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 108 028 419

343599

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Copeland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Copeland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Everett Farnam,

5. Date of Birth of Child (Month, day, year) April 8, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Rathael Jud Farnam

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Perue, (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Lodicy Marsh,

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Grand Round Oregon, (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father, (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Mrs Thompson (First name) Midwife (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rathael Jud Farnam Signature

Copeland, Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL) E B Probate Judge, residing at Bonners Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-203 028 815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 75 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur D'Alene Idaho.

4. **FULL NAME OF CHILD** Charlotte Francis Morris

5. Date of Birth of Child (Month, day, year) July 3, 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Nelson Morris
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nella Cora Handy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albany (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 4 years, and that William T. Wenz, M.D. (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Steele Signature
R. 2, Coeur d. Alene, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 1948

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO
MY COMMISSION EXPIRES AUG. 31, 1944

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1948 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849-115 029-256

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Charles Cedric Quimby

5. Date of Birth of Child (Month, day, year) Oct. 15, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hiram Henry Quimby
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Marietta, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nina Susanna Knowles
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Columbus, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that Dr. (First name) Gritman (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nina S. Quimby Signature
243 S. Second St. Cottage Grove, Ore. P.O. Address

Subscribed and sworn to before me this 29th day of April, 1942.

L. Nicholas Granoff Notary Public, residing at Cottage Grove, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. 1-31-45

Received for filing on MAY 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1965

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-223003-719 343722

United States
Department of Commerce MAY 8 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343722
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. S. Johnson
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Blanche Lillian Carter

5. Date of Birth of Child (Month, day, year) July 23, 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Cordeon Carter
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Peoria Ill. (City or town) (State or foreign country)
14. Exact Occupation Paint Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Alzina Gardener
17. Color or Race White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. S. Carter Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of May, 1942
(SEAL) Cleta B. Samuelson Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

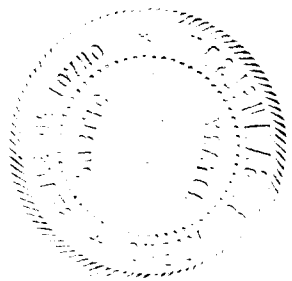
APR 24 1962

MAY 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



849117-008-291 343724

United States
Department of Commerce
Bureau of the Census

MAY 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horse Shoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Horse Shoe Bend Idaho

4. FULL NAME OF CHILD Francis Paul Quinn

5. Date of Birth of Child (Month, day, year) 5-17-1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Maurice Quinn
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace ~~[illegible]~~ Lowell Mass. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Brainard
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Farm in Trinity County - California (City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 41 years, and that Mrs Frank Clarkson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Quinn Signature
51612 Washington St Boise Idaho P.O. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) [signature] Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Maud F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child occurred prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 41, Wyoming Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or other person having direct knowledge in the premises.

464-118014 289

343731 343731

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** David Melvin Douglas

5. Date of Birth of Child (Month, day, year) Oct 18 1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lemon B. Douglas
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace James Co Penna. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva M Shrader
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Cr Crist.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive/stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Lemon B Douglas (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida Date May 7. 1942

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mavis Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-228 016-718

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343753
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta, Idaho

4. **FULL NAME OF CHILD** Kate Nalida Telfer

5. Date of Birth of Child (Month, day, year) May 28, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Telfer
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Campstown, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavra Payne
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Provo, California (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Witness

25. Attendant's **OWN** signature Mary A. Lounsbury her X mark
M.D. Edward Markham Albion Ida.
Midwife Address Albion, Ida.
Date Apr. 20 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature .....

P. O. Address .....

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary W. Telfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238710009114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343756
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai Ida

4. FULL NAME OF CHILD George Herbert Schultz

5. Date of Birth of Child (Month, day, year) Aug. 10, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick William Schultz
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Falun (City or town) Sweden (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Jaderquist
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Kungsgarden (City or town) Sweden (State or foreign country)
20. Exact Occupation House maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 41 years, and that (Forgotten) (First name) LaYuckett (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Schultz Signature
P.O. Box 345, Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Geo. W. Edgerton Notary Public, residing at Puyallup, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1965

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-229 044-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343835
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 804 E Liberty
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 804 E. Liberty
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Ida.

4. FULL NAME OF CHILD Annie Jean Shearer

5. Date of Birth of Child (Month, day, year) Sep. 29, 1900

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Leighton Leith Shearer.
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Scranton Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Baptist Minister
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Emmaline Carson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Grant P.O. Virginia. (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boxax Antiseptic.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Dr S. B. Shirley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Emmaline Shearer Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) C. H. Taylor Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1960

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

038-218009-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clark Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mrs Nagel
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Not living

4. FULL NAME OF CHILD Margaret Schlicht

5. Date of Birth of Child (Month, day, year) Oct 18 - 1900

6. Sex Girl Twin or Triplet twin If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Heenry Schlicht
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Margaret Thomsen
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Iwo
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Christina Schlicht (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Annie Nagel M.D. Midwife Address Clark Fork Ida Date 4/11/42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by , Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

603-10-035945

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nezperce
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Donald Le Roy Wickersham

5. Date of Birth of Child (Month, day, year) 6-10-1900

6. Sex male **7.** Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alvin Smith Wickersham
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Burlingham (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Rinehart
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Millerstown (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Elizabeth Allard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Wickersham Signature
413-9th Street Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42

(SEAL) C. P. Hinkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Roy Hansel Haverfield

5. Date of Birth of Child (Month, day, year) 1/28-1900

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos Theodore Haverfield
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wheatland (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosette Jane Palmer
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Climax Springs (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Minerva (First name) Green (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Amos Theodore Haverfield Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 1 day of May, 1942

(SEAL) Jas Dowart Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343956
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Noral Marion Martindale

5. Date of Birth of Child (Month, day, year) Feb. 20, 1900

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Clinton Martindale
11. Color or Race Wh.
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grantsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Louise Gee
17. Color or Race Wh.
18. Age at time of THIS birth 22 yrs.
19. Birthplace Batesville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mrs. U. J. McBride now deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Mrs. U. J. McBride (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Louise Gee Martindale Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on MAY 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1961

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 211 025-363

344011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 0-8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Downeeg

5. Date of Birth of Child (Month, day, year) July 11-1900

6. Sex Female

7. Twin or Triplet

If so-born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Downeeg

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace (City or town) France (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Colmont

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace (City or town) Rolla (State or foreign country) Missouri

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for years, and that Mrs. H. Crook (First name) Nurse (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Downeeg Signature

White Bird Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) Mount C. Thurmond Notary Public, residing at White Bird

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by , Registrar.

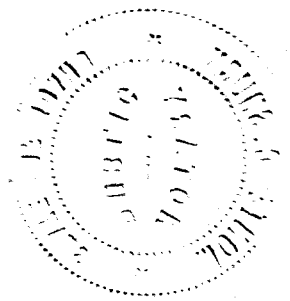
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



635-212009-336

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344015
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Clarks Fork
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Clarks Fork
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clarks Fork.

4. **FULL NAME OF CHILD** Estella Rosalee Flemming.

5. Date of Birth of Child (Month, day, year) June 12th 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnacy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Walter Lewell Flemming.
11. Color or Race White.
12. Age at time of THIS birth 29 yrs.
13. Birthplace South Robinston Maine. (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalee Lloyd.
17. Color or Race White.
18. Age at time of THIS birth 20 yrs.
19. Birthplace Penn Township Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:30 M. on the date and at the place stated above, and that personal particulars were furnished by Estella Rosalee Flemming (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Emma Vaughan M.D. X Midwife Address 1015 N 2nd St. Idaho Date Apr 27/42

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 4 yrs years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Vaughan Signature

P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42

(SEAL) [illegible] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [illegible], Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-111-035-231

344068

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Steele Idaho (b) City Nez Perce
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 20 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Steele Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Olympia Washington

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Emmet Alpheus McBride

5. Date of Birth (Month, day year) Dec 11, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Madison McBride
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adda Stamper
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cold Spring (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business +1

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Wash
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Adda McBride Palms, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emmet Alpheus McBride (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Adda McBride Palms Signature
Route 7 Box 385, Olympia Wa P. O. Address

Subscribed and sworn to before me on this 4 day of May 1942

(SEAL) Delphine Lemieux Notary Public, residing at Olympia

MAY 7 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-218004653

344112

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. RESIDENCE OF FATHER (city, state) Fish H. Ida

4. FULL NAME OF CHILD Orilla Crook

5. Date of Birth of Child (Month, day, year) Nov. 18 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willard Hyrum Crook

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Fish Haven, (City or town) Idaho. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alzada Angeline Welker

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Bloomington, (City or town) Idaho. (State or foreign country)

20. Exact Occupation At home

21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now past 63 years of age, that I have known this person for 41 years, and that J. A. Alguire (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alzada Angeline Crook Signature

RFD 3 Idaho Falls, (Ammon) Ida. P. O. Address

Subscribed and sworn to before me this 29 day of April, 19 42

(SEAL) Otto Emil Culbertson Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

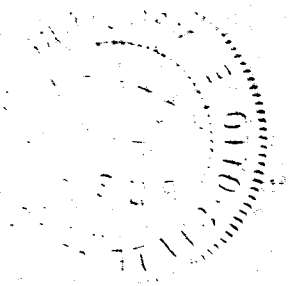
MAY 13 1942

OCT 13 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



818-201-029-345

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344123
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 19½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Mary Haymond

5. Date of Birth of Child (Month, day, year) December 1. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Alfes Haymond
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Colusa (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Marie Cunningham
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bathhurst New Brunswick Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 41 years, and that Dr. C. F. Conant (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Catherine Lingham Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May 1942
(SEAL) Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-11809 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Custer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 64 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Custer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Custer, Idaho

4. FULL NAME OF CHILD Earl Noel Coomes

5. Date of Birth of Child (Month, day, year) Oct 18, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Coomes
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mines

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Amelia Simpson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) East Porterville, Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41yrs 7 mo. years, and that Mrs (First name) Elder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. French Signature
5860 Menlo Ave. Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) Tillie M Rose Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Sept. 30, 1943

Received for filing on MAY 8 1942 by [signature], Registrar.

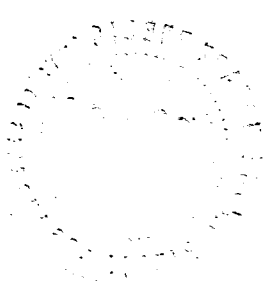
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



264 713 004 231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344130
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** William Sommers

5. Date of Birth of Child (Month, day, year) June 13, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Sommers
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Langnau (City or town), Switzerland (State or foreign country)
14. Exact Occupation Laborer - cement worker
15. Industry or Business Building construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosetta Blaser
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Langnau (City or town), Switzerland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY That I attended the birth of this child**, who was Born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Mrs. (First name) Bridges (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Rosetta Sommers Signature

305 E. 3rd No. Logan, Utah P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) Newel C. Harris Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [signature], Registrar.

JUN 23 1965
MAR 15 1967

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-128035-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Jason R. Butlers home (Grandparents home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county home years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac Idaho

4. FULL NAME OF CHILD Floyd Albert Butler

5. Date of Birth of Child (Month, day, year) July 28, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Cleveland Butler
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Crawfordsville Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Prudie Ellen Richardson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Juliaetta Idaho (City or town) (State or foreign country)
20. Exact Occupation Farmers Daughter
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at exact hr. forgotten A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda A. Little (First name) (Last name) who is related to this child as aunt, and with the mother at time of Birth (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 41 years, and that Mary (First name) Butler (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda A. Little Signature
Clarkston Washington P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942.
(SEAL) Philip Ninguler Notary Public, residing at Lewiston Idaho
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

JAN 29 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-212-022-454

344165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City St Anthony
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREEMONT
(c) City ST ANTHONY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** CHLOIE MAY WINGER

5. Date of Birth of Child (Month, day, year) Sept 12, 1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** OSCAR WINGER
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace HYRUM (City or town) UTAH (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ANN Medwed
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace EAST MILL CREEK (City or town) UTAH (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that DR MIDDELTON (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarahann Medwedx Signature
3210 So 8 E P. O. Address

3/5/46

Subscribed and sworn to before me this 6 day of May, 1942
(SEAL) Glen L. Dixon Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Maud F Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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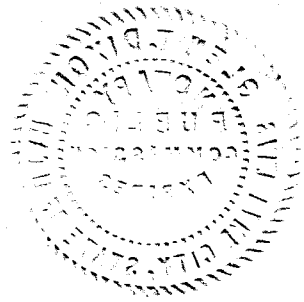


443110 012-265

344190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BUTTE (b) City ARCO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BUTTE
(c) City ARCO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD VERNON MULLIGAN

5. Date of Birth of Child (Month, day, year) 1-10-1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

X 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ANDY MULLIGAN
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace UNITED STATES (City or town) (State or foreign country)
14. Exact Occupation Engineer Steam
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE MAY SWEETING
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace Prosser (City or town) NEBR (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Fallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign ✓ in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Viola Williams Signature
Manhattan Mont. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) [signature] Notary Public, residing at Fallatin Galway
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires Jan 29-1946

Received for filing on MAY 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-131-001-313 MAY 1 1942

344273

344273

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Near Star
(c) Street Address or R.F.D. No. (Near) Star Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City (Near) Star Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD James Allen T Brown

5. Date of Birth of Child (Month, day, year) July 31-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Asbury T Brown
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Dawn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elmore Calloway
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. O. W. Hall (First name) (Last name), who attended this birth is unobtainable (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Mary A. Calloway Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) Marion E Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Marion E Orr, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1960
JUN 8 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-229 MAY 013419 344277

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (now Blaine) (b) City Soldier Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: about **IN THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine (now Camas)
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier Ida.

4. FULL NAME OF CHILD Marjorie, Claire, Reedy

5. Date of Birth of Child (Month, day, year) July 29 1900

6. Sex Female.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Alexander, Cicero, Reedy

11. Color or Race White **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Mouth of Wilson VA USA (City or town) (State or foreign country)

14. Exact Occupation Camp Tender

15. Industry or Business Sheep Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Laura Darnell

17. Color or Race White **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Elkin-NC. U.S.A. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73-t years of age, that I have known this person for 41 yr. 9 mo years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander C Reedy Signature

P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) Edith A. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-124003419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. On farm
(d) Name of Hospital or Maternity Home:
✓(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Idaho.

4. FULL NAME OF CHILD Leonard Allanson Cutler

5. Date of Birth of Child (Month, day, year) Oct. 24, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Oscar Cutler
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Jane Martin
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Winnipeg, Canada (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life over 41 years, and that Mary Goodenough, midwife, (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Cutler Signature
R.F.D. #1, North, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.
(SEAL) [signature] Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 204 008 919

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344400
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MINNIE Jane WATKINS

5. Date of Birth of Child (Month, day, year) Oct. 4th 1900

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBERT OTWAY Watkins
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Drury (City or town) Kentuckey (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary DeZona Raines
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Leamaller (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ~~Dr. Harry~~ Fairchild M.D. Midwife Address Placerville Date

State of Florida } ss.
County of Gel }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for over 41 years, and that Dr. Harry (First name) Fairchild (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Otway Watkins Signature

P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

Notary Public, State of Florida at Large
My commission expires Oct. 17, 1942 (SEAL) Alfred Jackson Notary Public, residing at Benita Springs Fla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel H. Whelan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or ~~midwife, or by affidavits of the father or mother of the child, or if~~ neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-106-022493

344405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford, Idaho
(c) Street Address or R.F.D. No. General delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford, Ida.

4. FULL NAME OF CHILD THOMAS MAYCOCK

5. Date of Birth of Child (Month, day, year) Aug. 6, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Brigham William Maycock

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Salina Theresa Mitchell

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Brig. Wm. Maycock (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Dr. W. J. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Brigham William Maycock Signature
3551 Redondo ave Salt Lake City Ut. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) M. B. Brown Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mabel Fridley, Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

981-212040-437

344424

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Vera Kathleen Ryan

5. Date of Birth of Child (Month, day, year) September 12, 1900

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN PATRICK RYAN
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Thurles, (City or town) Ireland (State or foreign country)
14. Exact Occupation cook
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie McGraw
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Thurles, Ireland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Mrs. Moxty (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Mcgraw Ryan
Signature
409 Pine Street, Wallace, Idaho
P. O. Address

Subscribed and sworn to before me this 23 day of April, 19 42.

(SEAL) [illegible]
Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-207036-462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344441
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City OXFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City OXFORD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) OXFORD, IDAHO

4. FULL NAME OF CHILD Sarah Lucille Thomas

5. Date of Birth of Child (Month, day, year) Sept 7, 1900

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME DANIEL PRESTON THOMAS
11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.
13. Birthplace SMITHFIELD (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA IZORA DOBBS
17. Color or Race WHITE **18.** Age at time of THIS birth 31 yrs.
19. Birthplace SHAWNEETOWN (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for since birth years, and that James (First name) Harrell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James P. Thomas Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) A. Turnbaugh Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mark Wheeler, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-223022412

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344453
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Grant
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ellenwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gladys Elma Jardine

5. Date of Birth of Child (Month, day, year) Nov. 23 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME James Leo Jardine
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ann Dabelle
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Henriette Dabell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura Jardine Signature

Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of May, 19 42.

(SEAL) Arthur O. Jensen Notary Public, residing at Roberts, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 12 1942 by Mary Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

MAY 21 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.613-118 006-693

344463

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Riverside
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Riverside
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lester John Watson

5. Date of Birth of Child (Month, day, year) March 18, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Isaac Hart Watson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Plainsville, New Jersey (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elveratta Anna Wilson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elveretta Annie Watson Signature
Blackfoot - Idaho R #2 P. O. Address

Subscribed and sworn to before me this 6 day of May, 19 42

(SEAL) E. C. Taylor Notary Public, residing at Blackfoot-Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by ..... Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-103-035-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344472
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donovan Green

5. Date of Birth of Child (Month, day, year) 10-3-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHARLES WILLIAM GREEN
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation GRAIN Dealer
15. Industry or Business WAREHOUSE AND TRAM OWNER

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY EVELYN TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) OREGON (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Spa. Wash. } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 41 years, and that Mrs. Alfred Wheeler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna G. Ogsbury Signature

1521 14th Ave. Spokane Wash. P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942

(SEAL) E. E. Engleman Notary Public, residing Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

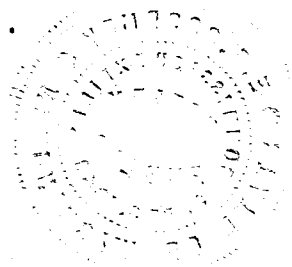
Received for filing on MAY 12 1942 by Mabel Weldon, Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



847 105 004 229

United States
~~Department of Commerce~~
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leslie Hyrum Hughart
5. Date of Birth of Child (Month, day, year) 10-5-1900
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9 mo
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Marion Hughart
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Alanta Iowa (City or town) (State or foreign country)
14. Exact Occupation Rail Roader
15. Industry ~~or Business~~

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Leah Elizabeth Shannon
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Leah Elizabeth Shannon

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 2911 Juniper St San Diego Calif Date 2-28-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie H. Hughart Signature
4016 Virginia St Lynwood Cal P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253/28-028-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344582
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Berkeley Raymond Sellers

5. Date of Birth of Child (Month, day, year) June 25-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Sellers

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Rushville Ill. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Ellen Bradford

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Manchester Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. John Busby (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires June 2, 1945

Daisy Ellen Bradford – Sellers Signature
106 Wallace Ave Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) Herbert W. Gordon Notary Public, residing at Coeur d'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel H. Sellers, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 215014-315

344716

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 2 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Nellie Rosella Williams

5. Date of Birth of Child (Month, day, year) 3/15/1900

6. Sex F

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonathon Robbins Williams
11. Color or Race W
12. Age at time of THIS birth 49 yrs.
13. Birthplace State New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Maud Lancaster
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fort Collins Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Mrs. Hank (First name) Williams (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Maud Williams Signature

7129 Greeley Tujunga, California P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) C. McLean Notary Public, residing at Tujunga, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by , Registrar.

MAY 16 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mary 249218.029292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Pottatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Pottatch
(d) Street Address or R.F.D. No. 1 box 71
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Pottatch

4. FULL NAME OF CHILD Mary Jane Smith

5. Date of Birth of Child (Month, day, year) March 18 1900

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Walter Smith
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace My Creek Oregon (City or town) (State or foreign country)
14. Exact Occupation mill employer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Cardlia Sisk
17. Color or Race white 18. Age at time of THIS birth 15 yrs.
19. Birthplace Ray County Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Mrs Hyatt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mattie Smith Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-118-203-296

344846

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Marsh Center
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Marsh Center
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Marsh Center, Idaho

4. FULL NAME OF CHILD Robert Cochren Forrest

5. Date of Birth of Child (Month, day, year) Oct. 18, 1900

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Meickel Forrest
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Brown
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Big Sandy, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Mrs. Wakley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Malinda Brown Forrest Signature
227 N. Johnson P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) Anna Keefe Clerk of the District Court Notary Public residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-219-040-365

344894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. CEDAR St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. CEDAR St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace - Idaho

4. FULL NAME OF CHILD Agnes Mahoney

5. Date of Birth of Child (Month, day, year) Apr 19 - 1900

6. Sex GIRL

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Peter Mahoney
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace N. San Juan (City or town) California (State or foreign country)
14. Exact Occupation Meat Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret V. Connolley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Phillipsburg (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 42 years, and that Dr. C.V. Genoway (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC ... MY COMMISSION ... 1942

John P. Mahoney Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL) [signature] Notary Public, residing at Portland-Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

MAR 26 19
APR 5 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-215-007-266

344909

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 65
Local Reg. No.
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Ella May Severe

5. Date of Birth of Child (Month, day, year) 4-15-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman H. Severe
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ovvie Ann Koonce
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Dobson (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9P M. on the date and at the place stated above, and that personal particulars were furnished by Ovvie Severe (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Elixe Jane (First name) Koonce (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H. H. Severe Signature

Fairfield, Idaho. P. O. Address

Subscribed and sworn to before me this 12th. day of May, 1942

(SEAL) R. N. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-12-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

118-202-0240-819

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth took place at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Florence Maud Jay

5. Date of Birth of Child (Month, day, year) May 2, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy not known

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Jay
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Elfie Harbin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace D. C. (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that All (First name) persons (Last name), who attended this birth are deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elfie C. Baker Signature
327 N. Euclid, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942

(SEAL) Kelly J. Jensen Notary Public, residing Notary Public for Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires Feb. 28, 1943

Received for filing on MAY 13 1942 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-209-007195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345999
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Carey Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Irma Ivie

5. Date of Birth of Child (Month, day, year) Dec. 9, 1900

6. Sex Girl

7. Twin or Triplet ~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alden Salathel Ivie
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mt Plesant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Ainsworth
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace SUBLETT (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Mary (First name) Carey (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary A. Ivie Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) Joseph W Field Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

673 J15-029-342

346011

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Eddie Oglesby

5. Date of Birth of Child (Month, day, year) August 15 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Oglesby

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Henderson County (City or town) Illinois (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Lusk

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace (City or town) Wisconsin (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Oglesby Signature

1648 1st Ave. E. Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1965

MAY 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-113-009-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Anthony Scipione Jachetta

5. Date of Birth of Child (Month, day, year) Feb. 13 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Jachetta
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Maio
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 42 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Runck Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 19 42

(SEAL) Richert Notary Public, residing at Priest River Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel [illegible], Registrar.

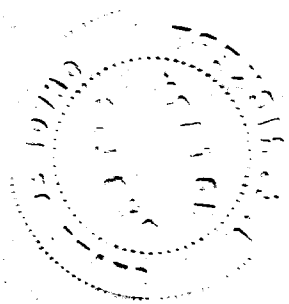
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



23/-112 Section 363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD James Andrew Stanger

5. Date of Birth of Child (Month, day, year) Dec. 12, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Moroni Stanger
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Isabell Locklin
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Fiche, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Isabell Stanger Farnworth (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Mrs. Mary Defenbaugh (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Farnworth Signature
Blackfoot, Idaho., Route #1 P. O. Address

Subscribed and sworn to before me this 16th day of May, 19 42.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

APR 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-227-004-466

346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear
(c) City Nounan,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

4. FULL NAME OF CHILD Susie Thelma Minnig

5. Date of Birth of Child (Month, day, year) 1/27/1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Minnig
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bern, Switzerland. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Moorey
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bern, Switzerland. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum used some medicine but dont know what

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D'Orr Poynter M.D. ~~Midwife~~ Address 2911 Juniper St. San Diego Calif Date 5-12-42

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for all her life and D'Orr Poynter, (First name) ..... (Last name), who attended this birth dont know residence (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded Chapter 139, 1937 Session Laws.

John Minnig
Nounan, Idaho. P.O.

Subscribed and sworn to before me this 25th day of April, 19 42.

(SEAL) Chas E Harris Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-114 1035-878

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346097
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Morrow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Morrow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Peter Kammers

5. Date of Birth of Child (Month, day, year) March 14, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adam Kammers
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Schleder
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hittingen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Dr. George Vadney (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara S Kammers Signature
Oroville, Washington P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.

(SEAL) Mary G. Greene Notary Public, residing at Oroville, Washingt

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449—231-007-239

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (now Butte) (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay BEFORE delivery: IN THIS county 17 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD Laura Murray

5. Date of Birth of Child (Month, day, year) March 31, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Murray
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Laura Stinson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Newark Mill, (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Joan Beverland (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edith Murray Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of May, 19 42

(SEAL) My Commission Expires Aug. 1, 1945 Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-108-001-449

346331 346331

MAY 26 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346331
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 yr years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Roy Vernon Johnson

5. Date of Birth of Child (Month, day, year) 4-8-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Emil Johnson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Eleanor Durant
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Amity (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that Susan Durant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Eleanor Durant Johnson Signature

635 E. Jefferson, Boise P. O. Address

Subscribed and sworn to before me this 21 day of May, 1942.

(SEAL) H. Moore Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

MAY 18 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-213-003-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Private Home.
(d) Name of Hospital or Maternity Home: on street not named.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock.
(c) City Pocatello.
(d) Street Address or R.F.D. No. So Idaho St
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Mabel Pearl Van Tuyl

5. Date of Birth of Child (Month, day, year) Nov. 13-1900

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert Edwin Van Tuyl
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) New York (State or foreign country)
14. Exact Occupation Brick mason.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Christina Johnston
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Randolph (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Dr. Castle (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertrude C McAllister Signature
136 No. Cedar St. Glendale Calif P.O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) A. R. EVENS A R Evens NOTARY PUBLIC Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires February 25, 1946

Received for filing on MAY 21, 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-118'025298

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346380
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Winona, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Perry Richard Davis

5. Date of Birth (Month, day year) Nov. 18, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Damiel Washington Davis
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace McMinnville (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Eliza Bryant
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salem, Marion Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) MAY 20 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Bryant Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Perry Richard Davis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hattie Roaky (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Bryant Davis Signature

Grandview, Washington P. O. Address

Subscribed and sworn to before me on this 18th day of May, 1942

(SEAL) [signature] Notary Public, residing at Grandview, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-11-1004-944

346392

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Mothers Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Present Nampa, Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD DAVID SIMPSON RICHMOND

5. Date of Birth (Month, day year) Sept. 14. 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM BURDELL RICHMOND
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Moundsville, West Va. (City or town) (State or foreign country)
14. Exact Occupation Fireman Kemmerer Coal Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALMEDIA ZUMBRENNEN
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Boltigan (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Powder
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) MAY 23 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Wm. B. Richmond Sr., being first duly sworn, say that I am Related to (Related to (or) acquainted with) David Simpson Richmond (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ed. Hoover (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. William Richmond Signature
R.F.D. #1 Nampa Ida. P. O. Address

Subscribed and sworn to before me on this 22nd day of May, 1942

(SEAL) ....Notary Public, residing at Nampa Ida.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-12-040-258

RECEIVED MAY 1942

346459

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Dead -

4. FULL NAME OF CHILD James Allen Riley
5. Date of Birth (Month, day year) July 21, 1900
6. Sex boy
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy
9. Legitimate? yes -

FATHER OF CHILD

10. FULL NAME Joseph Charles Riley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ballydonegan (City or town) Ireland (State or foreign country)
14. Exact Occupation machine miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Belle Snyder
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace near Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Emma Belle Ganahl, being first duly sworn, say that I am related (Related to (or) acquainted with) James Allen Riley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Barbara Mills Snyder (Name of attendant at birth) who attended said birth my mother is Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Belle Ganahl Riley Signature
664 So 13 E Salt Lake City Address

Subscribed and sworn to before me on this 26 day of Sept 19 41

(SEAL) Helen M. Keate Notary Public, residing at Salt Lake City Ut

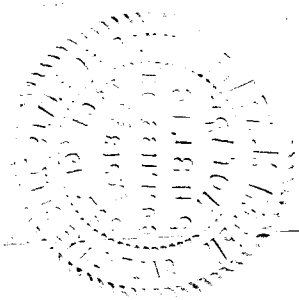
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-107-029-245

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Aurin Bryan Warden

5. Date of Birth of Child (Month, day, year) Sept. 7, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur H. Warden
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation farm laborer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella M. Bundy
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Corvallis (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Mrs. Jennie Town (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Warden Signature
4632 South K St. Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942.

(SEAL) ____ Notary Public, residing at Tacoma, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ____ Registrar.

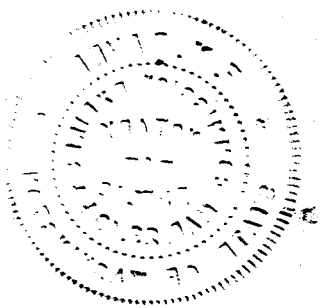
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-P6-004-249

346562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpeier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Melvin Burgoyne

5. Date of Birth of Child (Month, day, year) Feb. 26, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Lorenzo Burgoyne
11. Color or Race Am
12. Age at time of THIS birth 38 yrs.
13. Birthplace Fort Bridger, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Clothing Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Binnie Burgoyne
17. Color or Race Am
18. Age at time of THIS birth 37 yrs.
19. Birthplace Gotland, Sweden (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Francis Bridges (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Binnie Burgoyne Signature

P. O. Address

Subscribed and sworn to before me this 22 day of May, 1942.

(SEAL) Leo Acord Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-124040-314

346616

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county about 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rose Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) 15 State

4. **FULL NAME OF CHILD** Daniel Eugene Leslie Mulcahy

5. Date of Birth of Child (Month, day, year) 12-24-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Mulcahy
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Bancroft (City or town) Missouri (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Blanche Lamb
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Martha B Schian (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's ~~OWN~~ signature Mrs Florence Savage ~~M.D.~~ Midwife Address W 2718 College Av Spokane Wash Date May 23, '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 6 1973

MAY 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-111-016-369

346619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on farm
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Almo Idaho

4. FULL NAME OF CHILD Earl Pratt Hubbard

5. Date of Birth of Child (Month, day, year) Jan. 11 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Hubbard
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Victoria Cordon
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Ann Perry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Hubbard Signature
Elba Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 19 42

(SEAL) Mrs. Thomson Notary Public, residing at Malta, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mrs. Thomson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

035-101-014-257

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Dearborn St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 0 months 0 days 0

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Dearborn
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Frank Willis Steunenberg

5. Date of Birth of Child (Month, day, year) March 1, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Steunenberg
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation Governor of State of Idaho
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eveline Belle Keppel
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Keokuk (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eva B Steunenberg (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of San Bernardino }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. Mary Sw. (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva B. Steunenberg Signature

My Commission Expires April 12, 1944

Montana Health Haven Montana, Box P. O. Address

Subscribed and sworn to before me this 24 day of Feb., 1942

(SEAL) Jane M. Price Notary Public, residing at Montana Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-207-040-683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Bank
(d) Name of Hospital or Maternity Home: at own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Bank
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace Ida.

4. FULL NAME OF CHILD Mary Louise Van Dyke

5. Date of Birth of Child (Month, day, year) July 7 - 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Van Dyke
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Freeport (City or town) Ill (State or foreign country)
14. Exact Occupation Manager Telephone Co.
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Frances Wyckoff
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Le Clair (City or town) Iowa (State or foreign country)
20. Exact Occupation Telephone Operator
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Glenn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Miss Mogsted (First name) (Last name), who attended this birth ~~all deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie Van Dyke Signature
Orland Calif P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942

(SEAL) J M Tibessart Notary Public, residing at Orland, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1971

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-114-025-519

346758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Granville Monroe Smith

5. Date of Birth of Child (Month, day, year) April 14, 1900

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Monroe Smith
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Virginia (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Adeline Harp
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Grangeville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Dr. (First name) Nichols (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nancy A. Gerlach Signature
Rt 3 Eugene, Ore P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL) Ruth Martha Notary Public, residing at Eugene, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission Expires July 11, 1942

Received for filing on MAY 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1945

SEP 15 1945

SEP 15 1945

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

678-22-1240-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346792
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida

4. **FULL NAME OF CHILD** Juliana Theresa Flynn

5. Date of Birth of Child (Month, day, year) Oct. 22-1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dominic Flynn
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace St. Martin, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Confectionery Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joy May Ward
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Canada (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Ann St Jean (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Joy May Flynn Signature

S1314 Bernard St Spokane Wash P. O. Address

Subscribed and sworn to before me this 14 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [illegible], Registrar.

APR 25 1966

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-206-001-212.

346853

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346853
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Luella Rogers

5. Date of Birth of Child (Month, day, year) July 6, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isiah Hamilton Rogers
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Bass
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bolliver (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr. O. W. Hall (First name) (Last name), who attended this birth is unable to sign (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Rogers Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42.

(SEAL) Hazel Burnette Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. Expires 7-25-42

Received for filing on JUN 2 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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618-210-016 → 19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346888

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ebba Amelia Wahlstrom		2. Date of Birth (month) (day) (year): June 10, 1900
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Charles Reinhold Wahlstrom		7. State or Country of Father's Birth: Vingaker Sweden
MOTHER	8. Full Maiden Name of Mother: Amelia Christina Carlson		9. State or Country of Mother's Birth: Norrkoping Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ebba A. Ransom	11. Present Address of Registrant: R#6 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 13 1962	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage certificate	By whom issued and signed: Eugene Ottesen, Deputy Clerk	Date Issued: Sept. 5, 1962	Date Orig. Entry: August 21, 1929
	Date of Birth: Age 29	Birth Place: -------	Full Name of Mother: ---------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: -----	Date Orig. Entry: Dec. 2, 1935
	Date of Birth: June 10, 1900	Birth Place: Oakley, Cassia Co., Idaho	Full Name of Mother: ----------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Statement regarding church record	By whom issued and signed: Trent Johnson Ward Clerk	Date Issued: August 22, 1962	Date Orig. Entry: August 5, 1900
	Date of Birth: June 10, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: Amelia Christina Carlson	Name of Father: Charles Reinhold Wahlstrom

QUALIFYING INFORMATION

Census record gives name of Ebba A. Wahlstrom. Dated January 1, 1920 and gives her age at that time as 19. Parents: Charles R. and Amelia Wahlstrom. Viewed by V.S.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	September 13, 1962

FORM BH 56067 second form correction

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) (deceased)

4. FULL NAME OF CHILD Ebba Amelia Wahlstrom ~~Ransom~~

5. Date of Birth of Child (Month, day, year) June 10, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Reinhold Wahlstrom
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Vingaker (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Christina Carlson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Norrkoping (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that Mrs. (First name) Clark (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Wahlstrom Signature
424-5 Ave So - Nampa Ida P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942
(SEAL) Ralph Little Notary Public, residing at Nampa, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by M. J. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-226-031-553

346950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida.

4. **FULL NAME OF CHILD** Mabel Cora Broker

5. Date of Birth of Child (Month, day, year) Sept. 26 - 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Philip Broker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Brandstown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angela Mary Nelson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lincoln (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Pelton (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mattie Pelton M.D. Midwife Address Clarkston Wash. Date May 25-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAY 27 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-11-4-003-369

347029

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. West Johnson
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter C. Davis

5. Date of Birth of Child (Month, day, year) July 14, 1900

6. Sex male **7.** Twin or Triplet xx If so—born 1st, 2nd, 3rd 4 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Samuel Davis
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace South New Market, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation Delivering Lumber
15. Industry or Business Lumber business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Corbridge
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Dr. Bean (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Davis Signature
86 South Stout Ave. Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42.

(SEAL) ____ Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-121-001-785

347076

347076

United States Department of Commerce
Bureau of the Census

JUN 4 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 13 & Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months days 0

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Guy Elmer Whitney

5. Date of Birth of Child (Month, day, year) 7-21-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Erneat Whitney
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace White Bluffs (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Phelps
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Racine (City or town) Kansas (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 41 years, and that Dr. (First name) Mason (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Klare Butler ..... Signature
Route #3 Boise Idaho ..... P. O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42

(SEAL) E. Gardner ..... Notary Public, residing at Boise

My Comm. Exp. 12-9-45

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-208-006-366

347100

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. R. 2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Effie Fidilia Norton

5. Date of Birth of Child (Month, day, year) April 8 - 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rufus Wiley Norton
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Anne Cooper
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Ida Wilson (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha B. Morton Ingram Signature
Rupert Idaho P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942.

(SEAL) Dorothy M. Young Notary Public, residing at Iona, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Mark [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-117-011-343

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BOUNDARY (b) City COPELAND
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State SAME (b) County ✓
(c) City ✓
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address ✓

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD COLLIN ULYSSES CHISHOLM

5. Date of Birth (Month, day year) FEB. 17, 1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DONALD HUGH CHISHOLM
11. Color or Race WH.
12. Age at time of THIS birth 34 yrs.
13. Birthplace BROOK VILLAGE (City or town) NOVA SCOTIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ISABELL LUCAS
17. Color or Race WH
18. Age at time of THIS birth 27 yrs.
19. Birthplace LA CROSSE (City or town) WIS. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 1 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of IDAHO } ss.
County of BOUNDARY }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, DONALD H. CHISHOLM, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) COLLIN ULYSSES CHISHOLM (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. E. E. FRY (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

D. H. Chisholm Signature
P.O. Address

Subscribed and sworn to before me on this 8th day of [signature], 19 4

(SEAL) [signature] Notary Public, residing at

Notary Public for the State of Idaho
Residing at Bonners Ferry, Idaho
My Commission Expires Oct. 20,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-207-003-152

347171

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 334 N. Arthur Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 334 N. Arthur Ave.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD EVA ADA MAY SORENSEN

5. Date of Birth of Child (Month, day, year) December 7, 1900

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JAMES CHRISTIAN SORENSEN
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Demstrup, Denmark (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANE MARGRETHE ~~SORENSEN~~ Jespersen
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Odense, Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 41 years, and that (Mrs.) Burt (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ane Margrethe Sorensen Signature
4216 S. Raymond Ave., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942.

(SEAL) ____ Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-216-006-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City
(c) Street Address or R.F.D. No. Po PROSPECT
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City
(d) ~~Street~~ Address or R.F.D. No. #2 Po. PROSPECT
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MAMIE FLORENCE NELSON

5. Date of Birth of Child (Month, day, year) Feb 16th 1900

6. Sex FEMALE

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph OSCAR NELSON
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace WANSHIP (City or town) UTAH (State or ~~foreign country~~)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HANNAH DOWNS
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace NEWBALD (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that SARAH ANN HOWARD (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hannah Nelson Signature
240 S. St. Idaho Falls P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) Lee Walker Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho, My Commission Expires May 2, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-126-010-245

347211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Alfred H. Richards

5. Date of Birth of Child (Month, day, year) Feb. 26, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Ernest Richards
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Alsace-Loraine (City or town) Germany? (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Kuntzler
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Cincinatti (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Rose Anna (First name) Denning (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Richards Signature
935 Birch Ave, Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942.

(SEAL) M. E. Trenkle Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

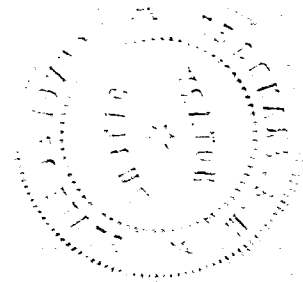
JUN 4 1942

JUN 18 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-216-044-393

347237

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No. Peck Homested
(d) Name of Hospital or Maternity Home: Mouth Wilkie Canyon Hornet Creek
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Peck Homested Mouth Wilkie
(d) Street Address or R.F.D. No. Canyon
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) W 10

4. FULL NAME OF CHILD Laurie Amelia Bowen

5. Date of Birth of Child (Month, day, year) October 16, 1900

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Manley Ampsey Bowen
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Crary's Mills, New York (City or town) (State or foreign country)
14. Exact Occupation Architect
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Cerall Lick
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Arizona (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Ten A M M. on the date and at the place stated above, and that personal particulars were furnished by Manley (First name) Bowen (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Monterey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that [illegible] (Last name), who attended this birth, Mrs Peck, deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Manley Ampsey Bowen Signature

P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) Raymond M Sheldon Notary Public, residing at Salinas, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-170-001-752

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City, Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD John Patton Tate

5. Date of Birth of Child (Month, day, year) August 30, 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Patton Tate
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Tennesta Pa. (City or town) (State or foreign country)
14. Exact Occupation Insurance
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Estelle Gekeler
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Leavenworth Kansas (City or town) (State or foreign country)
20. Exact Occupation Home keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Gekeler Tate (Signature)
Route #5, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 2ND day of JUNE, 1942
(SEAL) ____ Notary Public, residing at BOISE IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1960
MAR 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-126-003-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Lago, Idaho

4. FULL NAME OF CHILD Bert Harris

5. Date of Birth of Child (Month, day, year) Oct. 26, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Casper W. Harris
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martina Christensen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 41 years, and that Nancy Gibbs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Casper W Harris Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) W. Rasmussen Notary Public, residing at Lava Hot Springs, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-111035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose, Idaho

4. FULL NAME OF CHILD Henry James Cecil Rogers

5. Date of Birth of Child (Month, day, year) 6-11-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Johnson Rogers
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cottage Grove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu J Wilcox Rogers
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mary (First name) Kimmons (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Johnson Rogers Signature
P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942

(SEAL) Russell S Randall Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1965
OCT 6 1965

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-222-028-454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'alene
(c) Street Address or R.F.D. No. On ranch near
(d) Name of Hospital or Maternity Home: C. d'A. delivery in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'alene
(d) Street Address or R.F.D. No. Ranch near C. d'A.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'alene, Idaho

4. **FULL NAME OF CHILD** Elsie Woolen

5. Date of Birth of Child (Month, day, year) October 22, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Howard Morris Woolen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Silverton, Oregon (City or town) (State or foreign country)
14. Exact Occupation Cattle & Timber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Medler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Huntington West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~yes~~ Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41½ years, and that cannot remember name (First name) (Last name) who attended this birth of physician (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Bell Medler Woolen Signature
3439 N.E. 65 ave. Portland, Oregon Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) Muriel R Carl Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) exp 7/2/45

Received for filing on JUN 4 1942 by Mabel F Elsner, Registrar.

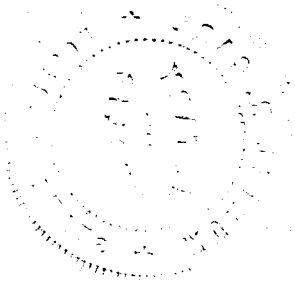
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-213-001-381 347418 **347418**

United States Department of Commerce Bureau of the Census JUN 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 73 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mary Isabel Cahalan

5. Date of Birth of Child (Month, day, year) August 13, 1900 1900

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emmett Lee Cahalan
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Edina (City or town) Missouri (State or foreign country)
14. Exact Occupation Agriculturist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maria Chamberlain
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. LC Bowers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella M Cahalan Signature
1712 No 23rd, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942
(SEAL) S.E. Blaine Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-109-V14-319

347457

347457

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347457
Local Reg. No.
Reg. Dist. No.

JUN 9 1942

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days.
   IN **THIS** county 5 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** George Lewis Fuller

5. Date of Birth (Month, day, year) June 9, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Gwinn Fuller
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma V. Laing
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Windom, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
26. (a) JUN 9 1942 (Date received) (b) Maud E Felder (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma V. Fuller, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Lewis Fuller (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Relyea (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Fuller Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) Matilda Braun Clerk District Court Notary Public, residing at Council Idaho

JUN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-115-040-636

347482

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. —
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan Idaho

4. FULL NAME OF CHILD Arthur Emanuel Stolberg

5. Date of Birth of Child (Month, day, year) Aug. 15-1900

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Stolberg
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Ore County (City or town) Sweden (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Marie Floren
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Ostmark (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Geo (First name) Craig (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Stolberg Signature
Mullan, Ida P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942

(SEAL)

Notary Public, residing at Notary Public Residing at MULLAN, IDAHO
My Commission expires March 15, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Mabel K Fisher, Registrar.

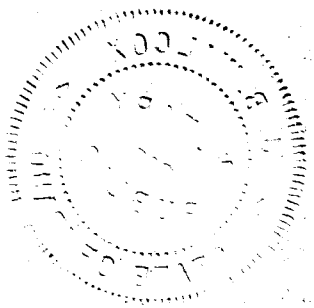
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-106 004-819

347512

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Sharon (b) City Bear Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 15 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Sharon
(c) City Bear Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Sharon County Bear Lake Idaho

4. FULL NAME OF CHILD John Watkins

5. Date of Birth of Child (Month, day, year) Aug-6-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Francis Watkins
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Gloucestershire (City or town) South Wales England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Angelina Bardsley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kent (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Mary (First name) Hymas (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Angelina Watkins Signature

Nacheo Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42

(SEAL) ____ Notary Public, residing at Nacheo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1962

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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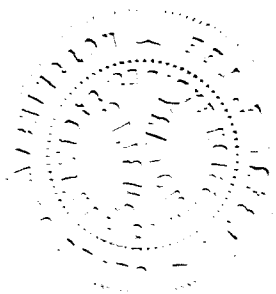


364-106-035-319

347551

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perces (b) City Southwick
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home: at farm house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years ~ months ~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perces
(c) City Southwick
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Ida

4. FULL NAME OF CHILD Robert Max Courtney

5. Date of Birth of Child (Month, day, year) Feb 6-1900

6. Sex M **7.** Twin or Triplet ~ If so—born 1st, 2nd, 3rd ~ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James L Courtney
11. Color or Race W **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Grafton (City or town) W Va (State or foreign country)
14. Exact Occupation farm laborer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Elisabeth C Carter
17. Color or Race W **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Bellington (City or town) W Va (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~ none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Williams (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature E. E. Watts M.D. ~~Midwife~~ Address Gifford Ida Date 3-15-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1962

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-117-032-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Fredrick Barrett

5. Date of Birth of Child (Month, day, year) Jan 17-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred Monrow Barrett
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace x (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta High
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Jefferson, (City or town) Iowa. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Mollie (First name) Moulton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Barrett Signature
Ashton Ida. RR1 P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942
(SEAL) Paul P. Stone Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DEC 12 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-126-032-793

347742

347742

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JUN 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6.7 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Ida

4. FULL NAME OF CHILD Edward Edson Chrisman

5. Date of Birth of Child (Month, day, year) Nov 26th 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Bowden Chrisman

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Owensboro (City or town) Kentucky (State or foreign country)

14. Exact Occupation Railroad Fireman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Gilroy

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Newark (City or town) N.J. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Dr. Emerson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Chrisman Signature

Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL) Mabel E Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel E Orr, Registrar.

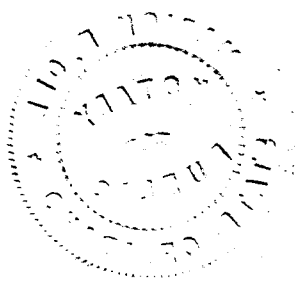
FEB 4 1981

JUN 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-212-001-235

347771

347771

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Lucy Caroline Schoonover

5. Date of Birth of Child (Month, day, year) Feb 12 1900.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Y

FATHER OF CHILD

10. FULL NAME Richard England Schoonover
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Owego New York
15. Industry or Business Logger

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Bird Stephenson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cotton Wood Falls Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. Richardson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Bird Schoonover Signature

Box 1231 Boise Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mark F Feldon, Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-201-028-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347808
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No. Twin Lakes, Ida
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Twin Lakes
(d) Street Address or R.F.D. No Twin Lakes
(e) How long has **MOTHER** lived in Idaho? 8 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Lakes Idaho

4. **FULL NAME OF CHILD** Margaret Josephine Miller

5. Date of Birth of Child (Month, day, year) Mar 1, 1900

6. Sex female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd first

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustav Miller

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Ceresh

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Ovara Utah (City or town) (State or foreign country)

20. Exact Occupation Dress Maker

21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mayme J. Cahill Signature

No. 724 East First Street, Moscow P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) Ada Schneider Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3x4-107-040-993

347819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone Idaho (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD James Campbell

5. Date of Birth of Child (Month, day, year) 4-7-1900

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alex Campbell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Riley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Mrs. Hughes (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alex Campbell Signature
117 W. Broadway Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 27th day of May, 1942

(SEAL) Georgine Sullivan Notary Public, residing at Long Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires 9-13-44

Received for filing on JUN 9 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-114-044-671

347881

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. ——
(d) Name of Hospital or Maternity Home: ——
(e) Mother's stay BEFORE delivery: IN THIS county — years three months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. ——
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Paul Price Reeves

5. Date of Birth of Child (Month, day, year) Nov. 14, 1940

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Allen Jerome Reeves
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Sandyville (City or town), Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora May Ogan
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Pleasantville (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— at ——— M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

25. Attendant's **OWN** signature ——— M.D. Midwife Address ——— Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 41 years, and that Dr. C. B. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester L. Reeves Signature
Seattle, Washington P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942.

(SEAL) Margaret J. Richardson Notary Public, residing at Tacoma, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mark Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-202-032-613

347995

United States
Department of Commerce
Bureau of the Census

(Be sure ~~the information~~ is as of date of birth of THIS ~~child~~)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Kate Marion West

5. Date of Birth of Child (Month, day, year) Oct-2-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Hugh West
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Walgamott
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Birmingham (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nettie Walgamott West Signature

..... P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942

(SEAL) Nathan G. J. Sims Notary Public, residing at Inglewood, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for KATE MARION WEST (Name on Original Certificate) who WAS BORN (Was Born or Died) on OCT 2ND 1890 (Date of Event) in SHOSHONE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
BIRTH DATE	OCT 2nd 1900	OCT 2nd 1890

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____ (Seal)

Signed Mrs Hettie Hodgamott Heat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____ (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 19 42.

Signed Mrs Hallie Berkin
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Inglewood Calif

My commission expires My Commission Expires Sept. 11, 1945. (Seal)

(Street Address, City, State) Delano St 11479 North Hollywood Calif.

JUL 9 1942

JUL 1 9 1942

465703036-819

348023

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leroy Harris Monson

5. Date of Birth of Child (Month, day, year) Mar 3, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Monson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Ellen Harris
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Kaysville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Esther Monson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 28 years, and that Fanny (First name) Swan (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Ellen Monson ✓ Signature

P. O. Address

Subscribed and sworn to before me this 10 day of June, 1942

(SEAL) Wells McEntire Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-109028-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348027
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Home (Rural)
   (d) Street Address or R.F.D. No. (Rural)
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rural, Idaho

4. **FULL NAME OF CHILD** Thomas Joseph Peavy

5. Date of Birth of Child (Month, day, year) Oct. 9/ 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Peavy
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace unknown (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Grain fermer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Stengar
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Colville (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business seamstress

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 41 years, and that Dr W. A. Mosier M D (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Boullian Signature

Spokane, Washington P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42.

(SEAL) J. M. Mannix Notary Public, residing at UNITED STATES COMMISSIONER

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Residing at Tekoa, Washington

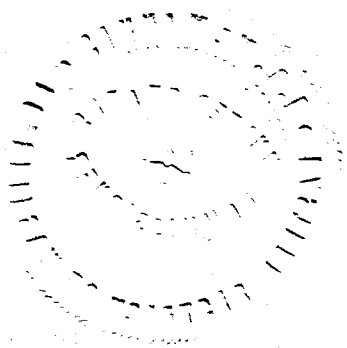
Received for filing on JUN 11 1942 by Mabel H. Eller, Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-116022815

348037

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Owen Winford Ricks

5. Date of Birth of Child (Month, day, year) May 16 1900

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 MO

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ricks
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Fridrikke Hansen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Skelby Soro (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Kris Walz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia F. Ricks Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942
(SEAL) [signature] Notary Public, residing at Rexburg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

883-108040-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348050
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. Upper Burke
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. Upper Burke
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Ida-Dead.

4. FULL NAME OF CHILD Albert Harry Hyland

5. Date of Birth of Child (Month, day, year) Dec. 8, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Hans Hyland
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Helsingfors, Finland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hendrickson
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Helsingfors, Finland (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Mont
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 41 years, and that DR. Collins (First name) (Last name), who attended this birth is now unable to locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Appointment As United States Commissioner Expires April 10, 1946.

Mary Hyland Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942

(SEAL) David H. Jones ~~Notary Public~~, residing at Missoula.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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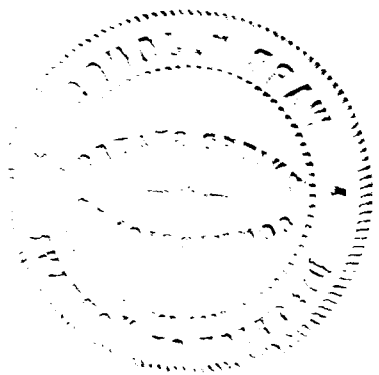

997/125022818

348138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born in own home in Teton, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho

4. FULL NAME OF CHILD John Earl Riggan

5. Date of Birth of Child (Month, day, year) 2/25/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Riggan
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Haynes
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE 4 survivors

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ed. Riggan Signature
Victor, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42.

(SEAL) [illegible] Notary Public, residing at Victor, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-210001819 348174

United States Department of Commerce Bureau of the Census

JUN 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Evelyn Jane Bingman

5. Date of Birth of Child (Month, day, year) Jan. 10 - 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Anderson Bingman

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Clementine Harris

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 40 years, and that Mr. Spaulding (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Bingman Signature
Meridian Idaho R 4 P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942.

(SEAL) O. M. Young Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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414 215006-389 348196 348196

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. RFD 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 5 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. RFD 2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Mildred Idelle Madison

5. Date of Birth of Child (Month, day, year) July 15, 1900

6. Sex female **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Madison
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Copenhagen, (City or town) Denmark (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Christensen
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Hyrum, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Zina (First name) Madison (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Mrs. (First name) Beach (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zina Madison Signature
321 11th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942

(SEAL) Notary Public, residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary F. Eder, Registrar.

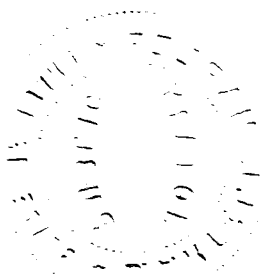
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-108-029 964

348202

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Walter Lawrence Cann

5. Date of Birth of Child (Month, day, year) May 8-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paul I. Cann

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Lindsay (City or town) Ontario Can. (State or foreign country)

14. Exact Occupation Paper hanger + Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Roderick

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Wayne County (City or town) Iowa (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 42 years, and that Dr. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Asmundsen Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL)

Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary F. Eder, Registrar.

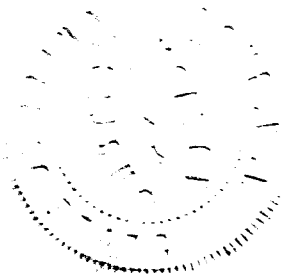
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



339-104 035-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348256
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Leo Ennis Click

5. Date of Birth of Child (Month, day, year) Dec 4, 1900

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Quincy Robert Click
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Montgomery Co. (City or town) Indiana (State or foreign country)
14. Exact Occupation lumbering and
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Pearl De Atley
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Blue Mound (City or town), Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Mrs. (First name) Shroder (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. H. DeAtley Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

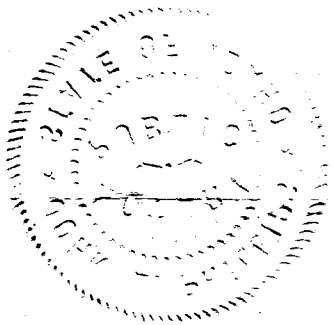
MAY 16 1967

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



454 103 014 365

348258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ROBERT ROSS DEMENT

5. Date of Birth of Child (Month, day, year) March 3, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ross Lafayette Dement
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wichita (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Francis Conway
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name), who is related to this child as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature -- M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for life years, and that -- Francis (First name) Conway (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Oscar L Dement Signature
Colfax, Washington P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) Edward A. Davis Notary Public, residing at Court Commissioner of Franklin Co Wash Superior Court at Pasco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-102 029 419

348265

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348265
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida

4. **FULL NAME OF CHILD** Carl Estell Peterson

5. Date of Birth of Child (Month, day, year) March-2-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John August Peterson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation watch man
15. Industry or Business Pole Treating Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ingrid Martinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that DY (First name) Adair (Last name), who attended this birth, Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. P. Peterson Signature

N 6812 Market St Spokane Wn P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942

(SEAL) H. G. Miller Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 16 1942 by Mabel E. Nelson, Registrar.

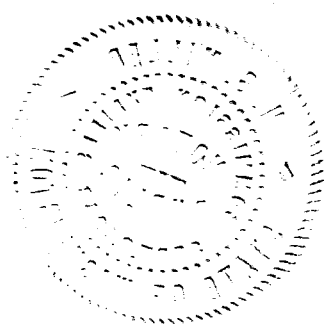
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453 120 004 386

348282

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Sharon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Leonadis Mecham

5. Date of Birth of Child (Month, day, year) Jan. 20, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Moroni Mecham

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Centerville (City or town) Utah (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Lyon

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Hyde Park, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all his life years, and that Mary Hymas (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Mecham Signature

Firth, Idaho, RFD 1 P. O. Address

Subscribed and sworn to before me this 12th day of June, 19 42.

(SEAL) [signature] Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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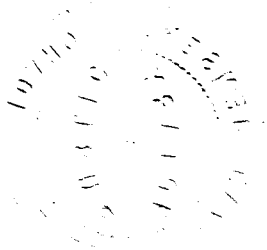

753 120 028 461

348321

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Rt. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. Rt. #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Rt. #1, Post Falls Idaho

4. FULL NAME OF CHILD Johnny Gordon Peters

5. Date of Birth of Child (Month, day, year) August 20, 1900

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Peters
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Elizabeth Moje
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Dr. Jesse B. Millsaps (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws. —

John Henry Peters Signature

2903 W. Pacific, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) Jas. A. Foster CLERK OF DISTRICT COURT Notary Public, residing at Kath Bakke, Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mary M. Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-201 032-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah-rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah-rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD Martha Florence Wikoff

5. Date of Birth of Child (Month, day, year) Jan. 1, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Wikoff
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lacon (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Heath
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Sumner (City or town) Illionis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Glenn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 42 years, and that Elizabeth Ann Wikoff (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Wikoff Signature

Rfd Rt. # 3, Box 69, Orland, Calif. P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) [signature] Notary Public, residing at Orland Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

199 230 022815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City LEWISVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county native years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 years

3. RESIDENCE OF FATHER (city, state) Lewisville, Ida

4. FULL NAME OF CHILD GLADYS ELIZABETH ARROWSMITH

5. Date of Birth of Child (Month, day, year) March 30, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN HOWARD ARROWSMITH
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)
14. Exact Occupation U.S.Postmaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA ALBERTINA HANSEN
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mayfield, Sanpete Co, Utah (City or town) (State or foreign country)
20. Exact Occupation School teacher & Hswfe
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles, Calif } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Lucretia H. Arrowsmith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonora Arrowsmith Nibley Signature
813 New York St Long Beach Calif P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Gladys A. Everson Notary Public, residing at Inglewood, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Apr. 10, 1946

Received for filing on JUN 17 1942 by [signature], Registrar.

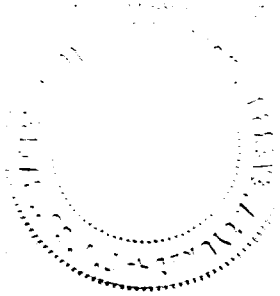
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699 / 15035-168

348423

United States Department of Commerce Bureau of the Census

JUN 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348423
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Nezperce (b) City (Later Lewis) Mohler
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~Home~~ days. In **THIS** county 13 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Mohler
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Mohler, Idaho
3. **RESIDENCE OF FATHER** (city, state) Mohler, Ida.

4. **FULL NAME OF CHILD** CECIL TALBERT WRIGHT
5. Date of Birth (Month, day, year) Aug. 15, 1900
6. Sex. male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Robert Oliver Wright	16. **FULL MAIDEN NAME**	Ada Dell Johnson
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	21 yrs.	18. Age at time of THIS birth	19 years
13. Birthplace	near Dayton, Wash. (City or town) (State or foreign country)	19. Birthplace	Prineville, Oregon (City or town) (State or foreign country)
14. Exact Occupation	farmer	20. Exact Occupation	housewife
15. Industry or Business	same	21. Industry or Business	same

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ no
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. JUN 23 1942 (Date received) Maud Fleiner (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. or ____ (D.O., Midwife, etc.) and address ____ Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Oliver Wright, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Talbert Wright (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Talbert Price (Name of attendant at birth), who attended said birth is now deceased (If now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert Oliver Wright Name
221-20th St; North Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942

(SEAL) ____ Notary Public, residing at Clarkston, Wash.
Comm. Ex. 5-2-46

Use only BLACK Ink. Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

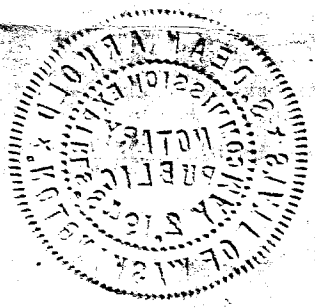
JUN 24 1942

DEC 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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348439

348439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
In THIS county 12 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 608 H st
(e) How long has MOTHER lived in Idaho? 54 yrs.
(f) Mother's mailing address 608 H st.

3. RESIDENCE OF FATHER (city, state) Nephi Utah

4. FULL NAME OF CHILD Jennie Lavon Tolley ~~Hall~~

5. Date of Birth (Month, day, year) Jan 7 1900

6. Sex.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Issac Burton Tolley

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Nephi (City or town) Utah (State or foreign country)

14. Exact Occupation Comon Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alvira Maud Heyrend

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace Idaho Falls, Ida (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mrs Elan (born alive, stillborn) at Beach M. on the date and at the place stated above, and that personal particulars were furnished by dead (First name) (Last name), who is related to this child as mother (Mother, etc.) Mrs Ella Tolley

26. (a) JUN 20 1942 (Date received) Maud F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isaac Burton Tolley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jennie Lavon Tolley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Isaac Burton Tolley Name

P. O. Address

Subscribed and sworn to before me on this 11 day of May 1942

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

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348487

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Idah

4. FULL NAME OF CHILD Malden William Dye

5. Date of Birth of Child (Month, day, year) Jan. 7th 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Malden Dye
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Adelaide Child
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Riverdale (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Marie E. Ingelstrom (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malden Dye Signature
Basalt P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942

(SEAL) Leo W. Cushing Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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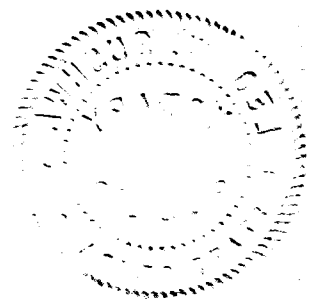


294-[redacted]5-419

348510

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Neb.

4. FULL NAME OF CHILD Chisley J. Sisco

5. Date of Birth of Child (Month, day, year) Mar. 11-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Chisley K. Sisco
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) U.S.A. (State or foreign country)
14. Exact Occupation
15. Industry or Business Stock Raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Losinda Melvina Martin
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Centerville (City or town) Ind. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 42 years, and that Mrs. Severe (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. Chisley K. Sisco Signature
524 Bo. Bernard - Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.

(SEAL) Ralph Rice Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

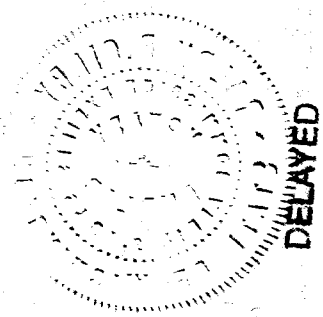
Received for filing on JUN 18 1942 by ____, Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-107-021-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348518
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Glenn Grant Wright

5. Date of Birth of Child (Month, day, year) 12/7/1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Smith Wright
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Busby, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verena ~~Wrigh~~ Foster
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased ~~M.D.~~ Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that Dr. Allen Cutler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verena F. Wright Signature
1421 Temple, Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.
(SEAL) My Commission Expires June 10, 1943 Nelda L. Myers Notary Public, residing at Long Beach, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1942

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-201 022-249

348537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville

4. **FULL NAME OF CHILD** Iona Pearl Crafts

5. Date of Birth of Child (Month, day, year) Aug. 1st. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Josephus Crafts
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mansfield (City or town), Ohio (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Farmer and miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rowena Smith
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that Sarah Nubold (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Stevens Signature
1228 N. Westmoreland Los Angeles P. O. Address

My Commission Expires April 11, 1945.

Subscribed and sworn to before me this 15th day of June, 1942
(SEAL) M. J. Stressinger Notary Public, residing at 4760 St Monica Blvd.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

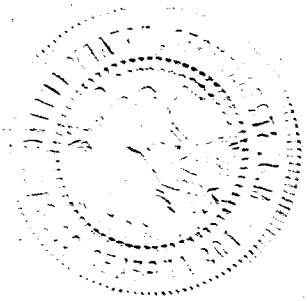
JUN 2 1976

JUN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493 201028 594

348550

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Twin Lakes
(c) Street Address or R.F.D. No. Twin Lake
(d) Name of Hospital or Maternity Home: Private Home None
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Twin Lakes
(d) Street Address or R.F.D. No. Twin Lakes
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Lakes Ida

4. FULL NAME OF CHILD Elizabeth Dorothy Miller

5. Date of Birth of Child (Month, day, year) March 4, 1900

6. Sex Female **7.** Twin or Triplet Twins If so—born 1st, 2nd, 3rd Second **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gustave Miller
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Branch
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Aurora (City or town) Illinois (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mayme J. Cahill Signature
No. 724 East First St., Moscow, Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) Ella Schaeffer Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-209 035-343

348584

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 111

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinanrd, Ida.

4. FULL NAME OF CHILD Hazel Fern Lambert

5. Date of Birth of Child (Month, day, year) May 9, 1900

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Patrick Lambert
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Lutz
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace near Stayton, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Martha (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Lutz Lambert Signature

Stayton, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL) Geo. R. Duncan Notary Public, residing at Stayton, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. 5-15-46

Received for filing on JUN 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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271-102006993

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348586

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City POPLAR
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: At home of Parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City POPLAR
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Walter Rich Spackman

5. Date of Birth (Month, day year) Feb 2, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas. Arthur Spackman

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Morgan (City or town) Utah (State or foreign country)

14. Exact Occupation Ranches'd stock

15. Industry or Business raiser.

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Rich

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Morgan (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 18 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Phebe Rich Spackman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Rich Spackman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Clark midwife (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phebe Rich Spackman Signature

524 N. Stone St., Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of June, 1942

(SEAL) Fred J. Jensen Notary Public, residing at Pocatello, Idaho

My Com. Expires Oct. 15 th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-220025-383

348591

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. - - - -
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 10 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. - - - -
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Agnes Irene Schleier

5. Date of Birth of Child (Month, day, year) May 20, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Leonard Schleier
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Frankenmuth, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha (Mattie) Ann Lyttle
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mount Vernon, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Wash

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that Rachel Lyttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Schleier Signature

Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.

(SEAL) ____ Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 18 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required, an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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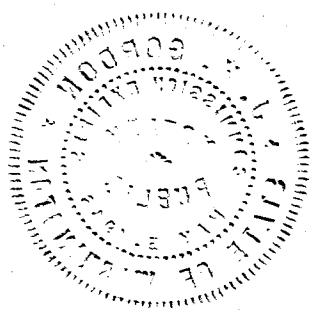

155-125040-314

349606

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD MILES EPHRAIM JENSEN

5. Date of Birth of Child (Month, day, year) Feb. 25, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EPHRAIM JENSEN
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Timberman
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Calista Corrine Campbell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Corrine, Utah, Boxelder Co. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Dr. (First name) Worthington (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maynne C. Underwood Signature

1221 So. 9th East, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42

(SEAL) Fanny L. Smith Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Maud Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-22 7006 243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Gray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sarah Clarissa Dewey

5. Date of Birth of Child (Month, day, year) Nov. 27. 1900.

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Dewey
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)
14. Exact Occupation Sheepman-Rancher
15. Industry or Business Hotel Keeper

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Amelia Sullivan
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Payson Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 41 years, and that Mrs (?) Collins (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Sullivan Merriam Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this ..... day of June 10 1942, 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 22 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-117 018-396

349643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Cecil Elmer Gentry

5. Date of Birth of Child (Month, day, year) April 17, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William James Gentry
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Zera Belle Crockett
17. Color or Race
18. Age at time of THIS birth 38 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Dr. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bella Zerah Gentry Signature

336 Commercial St., Klamath Falls, Ore. P.O. Address

Subscribed and sworn to before me this 18th day of June, 19 42

(SEAL) Lawrence Walker Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES OCT. 6, 1942.

Received for filing on JUN 20 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

112-101 029 554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of this child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349148
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 514 S. ALMON
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 514 S ALMON
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW IDA

4. FULL NAME OF CHILD LEE JABBORA

5. Date of Birth of Child (Month, day, year) APRIL 1 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME KERRALLA JABBORA
11. Color or Race SYRIAN **12.** Age at time of THIS birth yrs.
13. Birthplace BEYROUTH (City or town) SYRIA (State or foreign country)
14. Exact Occupation SALEMAN and FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIAN NEMTALLA
17. Color or Race SYRIAN **18.** Age at time of THIS birth yrs.
19. Birthplace BEYROUTH (City or town) SYRIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Mrs George Carter (First name) (Last name) who attended this birth Mrs George Carter Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

her X Jabbora Signature
514 South Almon, Moscow, Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 42.

(SEAL) Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose of the law prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-11-7016893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349965
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rock creek Town
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek Town
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Rock creek, Ida.

4. FULL NAME OF CHILD Grant Leslie Land

5. Date of Birth of Child (Month, day, year) September 17 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Leslie Land
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Louise Hildreth
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Home-maker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie V. Teater Signature
Eden P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942

(SEAL) E. M. Patterson Notary Public, residing at Eden Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by [illegible] Registrar.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

File Date **0730 1941** IDAHO LIVE BIRTHS **Cert No 1900 317061**

Birth Date **1220 1900**

Birth Time **9999 M**

CHLD NME Fst **RUSSELL** Mdl **EVERETT**

Lst **LAND** Sfx Sex **U**

CHNG NME Fst Mdl

Lst Sfx

BIRTH COUNTY CAS OAKLEY

MTHR NME Fst **KATIE** Mdl **LOUISA**

Lst **HILDRETH** Sfx Age **29** Brthst **CA**

FTHR NME Fst **SAMUEL** Mdl **LESLIE**

Lst **LAND** Sfx Age **36** Brthst **TX**

	Ind	Date	Init	Ind	Date	Init	Ind	Date	Init	Ind	Date	Init
Amend:												
Change:												
Action:	**H**	**05052016**	**LMY**		**Z**	**08122015**	**LMY**					

Comments HWVB10IP HWVB10IM

PA1-Exit PF7-Back PF8-Next PF9-Add PF12-Update PF13-Search PF14-Print
PF17-Name-Change PF20-Override PF22-Delete PF23-Move

HOLD
NON TWIN SIBLINGS BORN SEPT AND DEC OF 1900
BOTH DELAYED BIRTHS

819-108-040-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Henry Everet Harris

5. Date of Birth of Child (Month, day, year) Dec 5 - 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Shannon Harris
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Neosho Falls (City or town) Kansas (State or foreign country)
14. Exact Occupation unoccupied
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jane Fisher
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Winfield (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Franklin (First name) Machette (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eliza J. Harris (mother) Signature
Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL) Phyllis M. Temley Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 123 029 539

349990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Glen James Thorp
5. Date of Birth (Month, day, year) May 23-1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen A. Thorp
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business [redacted]

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Flint
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace..... (City or town) (State or foreign country)

22. Name prophylactic used to prevent Ophthalm[redacted]
23. Number of children of this mother: (a) At t[redacted]
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) JUN 25 1942 (Date received) (b)..... (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Washington }
County of [redacted] } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Thorp, being first duly sworn, say that I am related to (Related to (or) acquainted with) Glen James Thorp (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scallon (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gertrude Flint Thorp Name
2719 Meredian St Billings P. O. Address

Subscribed and sworn to before me on this 25 day of June 1942

(SEAL) C. D. Stough Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be [illegible] by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 00-437844

284 123 028-533

350013

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Hill Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 43 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City Post Hill IDAHO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Victor Earl SHuck

5. Date of Birth of Child (Month, day, year) July 23, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harven Nett SHuck

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Forest Grove (City or town) Oregon (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ellen Elliott

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Baker city (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. → Mrs. Mary Roberts Midwife Address Deceased Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO
County of SHOSHONE } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that Mary (First name) Roberts (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Shuck Signature

P. O. Address

Subscribed and sworn to before me this 24 day of June, 1942

(SEAL) Geo. A. Acker Notary Public, residing at Kellogg, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel McLain, Registrar.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-214 010-799

350016

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 333 S. Placer
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 333 S Placer
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Irene Matilda Smith

5. Date of Birth of Child (Month, day, year) Jan. 14th 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Albion Smith
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Rail Road Brakeman
15. Industry or Business U. P. R. R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Mae Price
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls Ida. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business in home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Dr. Thos. Wallson (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nurse is also deceased!

Hattie C Wilson Signature
204 Lomax St Idaho Falls P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 42 Ida.

(SEAL) Notary Public, residing at Idaho Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 26 1942 by Mabel F Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-128-001-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Irwin Horace Nelson

5. Date of Birth of Child (Month, day, year) Dec. 28, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William A. Nelson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Rushville, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Neometta Banta
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Knoxville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 years, and that Dr. Spaulding (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Neometta Nelson Signature
955 E. Carter Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL) J. H. Nelson Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel F. Elder, Registrar.

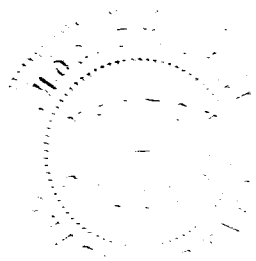
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Wayan Idaho
(c) Street Address or R.F.D. No. Wayan Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No. Wayan
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wayan Idaho

4. FULL NAME OF CHILD Charles Leonard Creger.

5. Date of Birth of Child (Month, day, year) Oct. 18th 1900

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Harold Creger.
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Tazwell (City or town) County Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Cregger
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Smith (City or town) County Virginia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 40 years, and that Mistress Major Moore (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac F. Creger Signature
Lewiston, Utah P. O. Address

Subscribed and sworn to before me this 22d day of June, 1942
(SEAL) Laughton Barber Notary Public, residing at Lewiston, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 1/22/44

Received for filing on JUN 26 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County WASHINGTON (b) City COUNCIL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City COUNCIL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) COUNCIL IDAHO

4. **FULL NAME OF CHILD** ELSIE FAY CRAWFORD
5. Date of Birth of Child (Month, day, year) Dec 26, 1900
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN R CRAWFORD
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace ATHENA (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RENA AUGUSTUS PECK
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace CARSON CITY (City or town) NEVADA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of TUOLUMNE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that GILLETTE PECK (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Rena augusta crawford Signature
TUOLUMNE CALIFORNIA P.O. Address

NOTARY PUBLIC in the County of Tuolumne, State of California

Subscribed and sworn to before me this 23 day of June, 1942
(SEAL) Walter E Rowden Notary Public, residing at Tuolumne Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350107

United States Department of Commerce Bureau of the Census

JUL 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida

4. FULL NAME OF CHILD George William Costello

5. Date of Birth of Child (Month, day, year) August 6, 1900

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Franklin Costello
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Oconto Falls, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Luella Wells
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Bonanza, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for nearly 42 years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Franklin Costello Signature

Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of June, 19 42

(SEAL) Notary Public, residing at Coeur d'Alene.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350136
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Radford Wolf

5. Date of Birth of Child (Month, day, year) May 21, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Wolf
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Henry County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Hertzog
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Will County, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Camas }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Wm. Farnham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. F. Wolf
Signature
Corral, Idaho
P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 42.

(SEAL) Don Robertson
Notary Public, residing at Fairfield, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mark Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350154
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Weiser Ida (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Charles Bruce Monteith

5. Date of Birth of Child (Month, day, year) July 22, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Bruce Monteith
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace South Mountain (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Maria H. Tracy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Dr. (First name) Waterhouse (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Masters Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942

(SEAL) Albert Starks Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel E. Gibson, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

36 · 226 · 028 · 243

DELAYED

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350204
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Temperance Lulu Lord

5. Date of Birth of Child (Month, day, year) October 26th 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Richard Ela Lord

11. Color or Race White **12.** Age at time of THIS birth 38 yrs.

13. Birthplace Rossville (City or town) Iowa (State or foreign country)

14. Exact Occupation logger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Butler

17. Color or Race White **18.** Age at time of THIS birth 36 yrs.

19. Birthplace West Burton (City or town) Illinois (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Mrs. (First name) Wilson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Lord Signature
Box 353, Lebanon, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL)

Notary Public, residing at Lebanon, Oregon
My commission expires: November 1, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 04/02/2020 RFJ

APR 0 2 2020 X

JUN 2 8 1945

JU 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE - GOVERNOR
DAVE JEPPESEN - DIRECTOR

JAMES B. AYDELOTTE – STATE REGISTRAR AND BUREAU CHIEF
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
DIVISION OF PUBLIC HEALTH
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5980
FAX 208-332-7260

April 2, 2020

SHIRLEY CURO
1051 BARONA RD
LAKESIDE, CA 92040

Dear Ms. Curo:

RE: Delayed Certificate of Birth for Temperance Lulu Lord
State File Number 1900-350204

This certificate was filed in our office on 06/29/1942, more than one year after the child's birth. When a certificate is filed in this office more than one year after the date of the event the record is identified as a "DELAYED" certificate.

Current requirements for placing a delayed certificate of birth on file include listing a description of the documentation used to support the facts of birth on the delayed birth certificate. Listing a description of supporting documentation was not a requirement the year this birth certificate was placed on file, therefore we do not have any additional information to provide to you.

We suggest that you keep a copy of this letter for your records to present to any agency who may want additional information regarding the delayed status of this birth certificate.

Sincerely,

Ryan F. Jensen
Legal Amendments
Vital Statistics
(208) 334-4991

619 224006 154

350213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home:
x
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 33 years [redacted] months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona Idaho

4. **FULL NAME OF CHILD** Gladys Thelma Farnsworth

5. Date of Birth of Child (Month, day, year) May 24, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin Wallace Farnsworth
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
x 13. Birthplace Blossom Grove, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer + Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rebecca Andreason
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Albour (City or town) Denmark (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that x Mr. Rowberry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna R. Farnsworth Signature
414 Broadway - Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942
(SEAL) C. R. Crowley Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by [signature], Registrar.

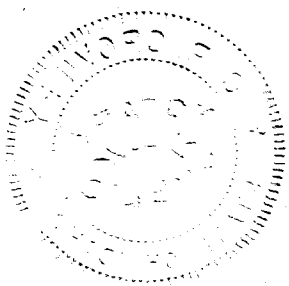
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350266

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City Morton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Morton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 mo'th

3. **RESIDENCE OF FATHER** (city, state) Morton Idaho

4. **FULL NAME OF CHILD** Mary Arramenta Parr

5. Date of Birth of Child (Month, day, year) Nov. 11. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Parr
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Oregon (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Labor - Loging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu May Wilson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Warren (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wisconsin } ss.
County of Rock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Mrs Henry Graves (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Henry Parr Signature

Evansville Wis. P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942.

(SEAL) R. Collins Notary Public, residing at Evansville Wis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUN 30 1942 by Mary Hall, Registrar.

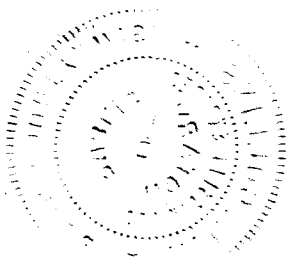
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350273

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. about
(e) How long has **MOTHER** lived in Idaho? 82 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Della Chivers [illegible]

5. Date of Birth of Child (Month, day, year) June 28, 1900

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James T. Chivers
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Cardiff, Wales (City or town) (State or foreign country)
14. Exact Occupation Retired, Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Petersen
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife; Came to U.S.
21. Industry or Business By L.D.S.Church believer and as/

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 41 years, and that Dr. Wm. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James T Chivers Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 42.

(SEAL) [illegible] Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350284

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilford george Christensen

5. Date of Birth of Child (Month, day, year) June 30 1800

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ramon Hezekiah Christensen

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Melvina Bennett

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Harmony Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Mrs (First name) Staples (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Melvina Christensen Signature

Downey Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) Leon Christensen Notary Public, residing at Downey Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412 129 028986

350290

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City RATHDRUM
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City RATHDRUM
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) RATHDRUM, IDA.

4. **FULL NAME OF CHILD** DARSEY DAVID MASTERSON

5. Date of Birth of Child (Month, day, year) Oct. 29, 1900

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DAVID LOGAN MASTERSON
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace SHERIDAN, OREGON (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business FILED ON HOMESTEAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEONA MAY RHODES
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace GENTRY CO. MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for birth years, and that Emma Rhodes (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David L. Masterson Signature

240 W. 42nd Barbara P. O. Address

Subscribed and sworn to before me this 24 day of June 1942

(SEAL) Betty McKiernan Notary Public, residing at 4204 So. Bdwy.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 19, 1943

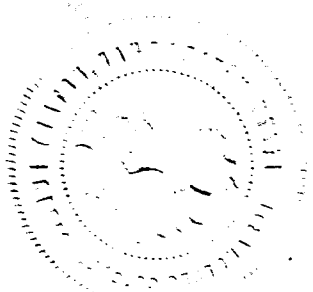
Received for filing on JUN 29 1942 by Mary Hazlett, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Rural - Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 1/3 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Ida.

4. FULL NAME OF CHILD ROY ELBERT MALMOE

5. Date of Birth of Child (Month, day, year) Oct. 21, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Martin Baal Malmoe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Unknown (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Bell Nobles
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Point Arena (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Mrs. Mary Brady Nobles (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy B Malmoe Signature

1823 West Dean Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of June, 19 42.

(SEAL) Lorena D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mark H. Ellis, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 350349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Genesee,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Maria Scharnhorst

5. Date of Birth of Child (Month, day, year) Feb. 2. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dedrick Scharnhorst

11. Color or Race white

12. Age at time of THIS birth 39 yrs.

13. Birthplace Koekuk, Iowa (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business grains & stock

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Oldag

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Clayton Co. Iowa (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that Dr. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dedrick Scharnhorst Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42.

(SEAL) [illegible] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home. IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD George Sant Lowe

5. Date of Birth of Child (Month, day, year) October 1 - 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Galloway Lowe
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adelaide Sant
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide Lowe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that George Sant Lowe (First name) (Last name), who attended this birth Mary Whalka is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APR. 22, 1944

Adelaide Sant Pedersen Lowe Signature
2229 - Pine Compton Calif. P. O. Address

Subscribed and sworn to before me this 27 day of June, 1942

(SEAL) Irene McQuarrie. Notary Public, residing at 141 W Compton Blvd Compton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 1 1942 by Mabel H. Cole, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census JUL 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Lewiston,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jenney Marie Smith,

5. Date of Birth of Child (Month, day, year) Oct 28, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Smith,
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace State of Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Rotan Johnson,
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace State of Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 42 years, and that Lee Buchanan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charley Smith Signature
Prothill, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942

(SEAL) [signature] Probate Judge Notary Public, residing at Bonners Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ?
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Mary Ellen Frost

5. Date of Birth of Child (Month, day, year) Dec. 26, 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Smith Frost
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Louise Lindell
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Centralia (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that The Doctor (First name) (Last name), who attended this birth ✓ Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Selma Louise Lindell Frost Signature
1931 Constitution Lane P. O. Address

Subscribed and sworn ~~to before~~ me this 27 day of June, 1942

(SEAL) Harry J. Keeley Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. 1932)

MY COMMISSION EXPIRES NOVEMBER 16, 1942

Received for filing on JUL 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1966

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350462
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hattie Ethell Blackburn

5. Date of Birth of Child (Month, day, year) Dec. 20 1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Mac. Blackburn
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Tazewell Co. Ill. (City or town) (State or foreign country)
14. Exact Occupation Farm labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Jane McGahan
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Neosho Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oklahoma } ss.
County of Cleviland }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Mary Brown (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Jane Blackburn Signature

Norman Okla. R. # 3 Box 97 P. O. Address

Subscribed and sworn to before me this 29 th day of June, 1942

(SEAL) Lucille Bond Notary Public, residing at Seminole, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated) My Com. Exp. 4-21-44

Received for filing on JUL 3 1942 by ____, Registrar.

JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-127016-864

350485

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edwin George Yeron

5. Date of Birth of Child (Month, day, year) Sept 27 1900

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Yeron
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Constanta Clemintine Young
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Cogsville (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Edwina Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. B. Young Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942.

(SEAL) R. N. McCoy Notary Public, residing at Hailey Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Registrar.

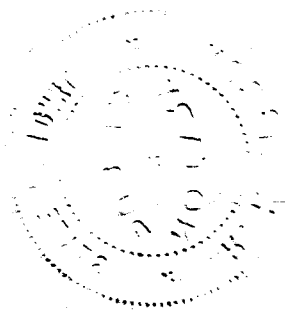
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350503

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD William Davidson Hickman

5. Date of Birth of Child (Month, day, year) Dec. 9, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Robert Hickman

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Granite Falls, N. Carolina (City or town) (State or foreign country)

14. Exact Occupation Livery Business

15. Industry or Business owner of this Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie W. Platt

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace South Dakota (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William R Hickman Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942

(SEAL) [signature] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 years

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Florence Adella Carter.

5. Date of Birth of Child (Month, day, year) Feb. 19. 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Burton Carter
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Washington (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Adella McKibby
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Stanton (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Dr. Loop (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William T Yeaman Signature
22 27th Ave No. Seattle, Washington O. Address

Subscribed and sworn to before me this 29th day of June, 1942.
(SEAL) Warren Hardy Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mabel F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Edith Eladice Travis

5. Date of Birth (Month, day year) January 18, 1900

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stewart Hall Travis
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Garrison, New York (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annis Sophia Kilbourne
17. Color or Race W
18. Age at time of THIS birth 16 yrs
19. Birthplace Baker Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Stewart (First name) Travis (Last name), who is related to this child as father (Mother, etc.)

26. (a) JUL 6 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Emma Kilbourne M.D. Nurse ~~(D.O., Midwife, etc.)~~
and address Chehalis, Wash. Date July 31, 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350643
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 25 approx yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Oswald Harold Skinner

5. Date of Birth of Child (Month, day, year) May 9, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alma Skinner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cache County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Maryetta Hunter
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake city Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mary (First name) Tippetts (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Alma Skinner Signature
Bedford, Wyo P. O. Address

My Com expires 10/6/44

Subscribed and sworn to before me this 27 day of June, 1942

(SEAL) P. P. Baldwin Notary Public, residing at Afton, Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel [illegible], Registrar.

JUL 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350659
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lewis Paul Bolander

5. Date of Birth of Child (Month, day, year) MAY. 14-1900

6. Sex Male

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 Mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anders Bolander
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sweeden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kerstin Nyberg
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Sweeden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nonl probably

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Mrs Wm Butler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A W Bolander Signature
14-550½ Kittredge - Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL) [signature] NOTARY PUBLIC in and for the County of Los Angeles, State of California. Notary Public, residing at Van Nuys, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires April 14, 1945

Received for filing on JUL 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

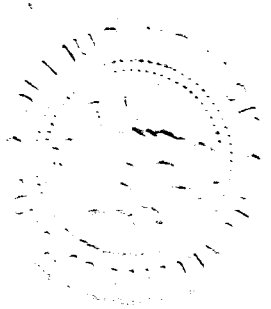
JUL 9 1942

SEP 23 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350678

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City HAGERMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City HAGERMAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman

4. FULL NAME OF CHILD AGNES GRIDLEY

5. Date of Birth of Child (Month, day, year) NOV. 12-1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME WALTER GRIDLEY
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace GRIDLEY (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FARMER & STOCKMAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNIE HOAGLAND
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace PROMONTORY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO } ss.
County of GOODING }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that SARAH (First name) HOAGLAND (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Gridley Signature

HAGERMAN IDAHO P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942.

(SEAL) ____ Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1963
MAR 21 1977

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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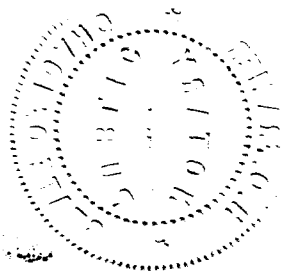

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350703

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City GEM
X(c) Street Address or R.F.D. No.
X(d) Name of Hospital or Maternity Home:
X(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City GEM
X(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) GEM IDAHO

4. FULL NAME OF CHILD EILEN Louise PETERSON

5. Date of Birth of Child (Month, day, year) FEBRUARY 21, 1900

6. Sex FEMALE **7.** Twin or Triplet X **If so—born** 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN August PETERSON
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AMANDA BURMAN
17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
X**20.** Exact Occupation HOUSE WORK
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Angie (First name) Roundy (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's X **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that MATILDA MUXTA (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Angie Roundy Signature
207 River St. Wallace Idaho P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942

(SEAL) Lee H. Walker Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-209-661-23

350844 350844

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. State Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. State Street
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Winifred Litts

5. Date of Birth of Child (Month, day, year) Oct. 9, 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Litts
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Ontario, (City or town) New York (State or foreign country)
14. Exact Occupation Sheep Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Adelaide Slack
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Nova Scotia (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Lifetime Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that I do not remember (First name) physician (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary A. Turner Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942

(SEAL) Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary F Eldon, Registrar.

JUL 20 1942

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-119-229-919

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No. R.F.D. I
(d) Name of Hospital or Maternity Home:
At family home
(e) Mother's stay BEFORE delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. R.F.D. I
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sylvan Audrey La Belle

5. Date of Birth of Child (Month, day, year) Apr. 19, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas La Belle
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ottawa, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Elizabeth Morris
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Springfield Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Ellertine Byer (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas La Belle Signature

Deary Idaho P. O. Address

Subscribed and sworn to before me this 9 day of July, 1942

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

31f-110-036-132

350987

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onaida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Onaida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orell Fred Lamoreaux

5. Date of Birth of Child (Month, day, year) Mar 10 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Lamoreaux
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Painter and Musician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Alsworth
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Springvill Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above and that personal particulars were furnished by Orellin L Clayton (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Orellin L Clayton (First name) (Last name), who attended this birth Orellin L Clayton (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orellin L Clayton Signature

P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL) O. Anderson Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Mabel Fraser, Registrar.

My Commission expires Feby 28, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-217.001-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Georgia Moorhead

5. Date of Birth of Child (Month, day, year) Oct-17-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Mascal Moorhead

11. Color or Race am-

12. Age at time of THIS birth 33 yrs.

13. Birthplace Cincinnati Ohio (City or town) (State or foreign country)

14. Exact Occupation Guard Idaho State Prison

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Martin

17. Color or Race am-

18. Age at time of THIS birth 33 yrs.

19. Birthplace Cincinnati Ohio (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name, prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas } ss.
County of Marshall }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Nora (First name) Martin & Mascal (Last name) Moorhead, who attended this birth parents both deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Moorhead Signature

Blue Rapids, Kansas P. O. Address

Subscribed and sworn to before me this 1st day of July 1942, 19

(SEAL) Wm Youngquist Notary Public residing at Blue Rapids Kans

Commission expires June 12 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any~~ birth ~~which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-108-009-356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Elmira
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Elmira, out side of city
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Elmira, Idaho

4. FULL NAME OF CHILD VIRGIL WESLEY MARTIN

5. Date of Birth of Child (Month, day, year) Sept. 8, 1900

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Martin
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Toronto, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Lewis
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Katherine Buxxie (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Martin Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 19 42

(SEAL) Frances I. Long Probate Judge Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

JAN 24 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-114-003-295

351080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. North 5th - 500 Blk.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county one years — months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. No. 5th - 500 Blk.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Spokane, Wash.

4. FULL NAME OF CHILD Lawrence Martin Kramer

5. Date of Birth of Child (Month, day, year) June 14 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenz Kramer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kirchweiler (City or town) Germany (State or foreign country)
14. Exact Occupation Railroad Car Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Breuch
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Madison (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 40 years, and that Dr. (First name) Castle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Kramer Roberts Signature
McCammon P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942
(SEAL) J. F. Whitney Notary Public, residing at McCammon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1927 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-212-022-235

351091

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Menan
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Menan
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD Cecil Rebecca Bramwell

5. Date of Birth of Child (Month, day, year) 5-12-1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Adolphus Bramwell
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Owner of Store
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Amina Stephens
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Amina Ann (First name) Stephens (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah A. Bramwell Signature
750 Pine St, San Francisco, Calif P. O. Address

My Commission expires January 1, 1943

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) [illegible] Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by [illegible], Registrar.

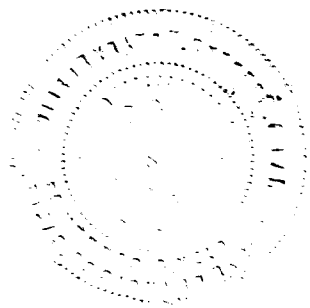
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396-106-025-863

351108

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At the home of the family.
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 9 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) same as mothe

4. FULL NAME OF CHILD Alton Douglas Crowe

5. Date of Birth of Child (Month, day, year) Apr. 6, 1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Watson Crowe

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace New Annen, (City or town) Nova Scotia, (State or foreign country) Dom. of Canada

14. Exact Occupation Quartz Miner.

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Hollingshead

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Imlay City, (City or town) Michigan, (State or foreign country) USA

20. Exact Occupation Housewife

21. Industry or Business --------

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. Anna Douglas (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jane Hollingshead-Crowe Signature

Kamiah, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of July 1942

(SEAL)

Notary Public, residing at Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1961

JUL 16 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-127-044-363

351200

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows Ida

4. FULL NAME OF CHILD Paul Lester Wallace

5. Date of Birth of Child (Month, day, year) Oct 27, 1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ellis Delaneous Wallace
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Seneca (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Almeada Cole
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Seneca (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs L. N Rigdon M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on JUL 16 1942 by Mabel H Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-108-002-234

351247

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Fred Nylic Holland

5. Date of Birth of Child (Month, day, year) 11/8/1900

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Allen Leeds Holland
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Denison (City or town) Texas (State or foreign country)
14. Exact Occupation Salesman-Insurance
15. Industry or Business Insurance.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Edna Blum
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Austin (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Doctor (First name) Hyde (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Holland Signature
P.O. Box 531 Nampa Idaho P. O. Address

Subscribed and sworn to before me this 15th day of July, 1942
(SEAL) ..... Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

AUG 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-201-035-569

351251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac
   (c) Street Address or R.F.D. No. No
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac.
   (d) Street Address or R.F.D. No. No
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Angela Jane Hickenbottom

5. Date of Birth of Child (Month, day, year) Nov 1, 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Hickenbottom

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Vale Oregon (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Northrup

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Vale Ore (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Frances Northrup (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Northrup Signature

Parkston, Wash. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942

(SEAL) John R. O'Kelly Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Ida.

Received for filing on JUN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

SEP 12 1962
APR 26 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-118025-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352328
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Keuterville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Keuterville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** August H. Schroeder

5. Date of Birth of Child (Month, day, year) Aug. 18, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Schroeder
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace New Holstine (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Cattle rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Holdenreid
17. Color or Race White
18. Age at time of THIS birth X yrs.
19. Birthplace Kerr (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 8 M. on the date and at the place stated above, and that personal particulars were furnished by Alma Holdenreid Buettner (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Wm Buettner M.D. Midwife Address Cottonwood Ida Date July 13-'42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Mrs. Wm Buettner (First name) (Last name), who attended this birth are living (Is now deceased) or (Cannot be located) and further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Wm Buettner Signature

Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Myrtle Nelson Notary Public, residing at Cottonwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by [illegible], Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 230010-719

352385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City MILO IDAHO
(c) Street Address or R.F.D. No. RFD # 2
(d) Name of Hospital or Maternity Home: MIDWIFE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City MILO IDAHO
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) MILO IDAHO

4. FULL NAME OF CHILD EVA LA VERNE BATES

5. Date of Birth of Child (Month, day, year) Aug 30 1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RICHARD RUSSELL BATES
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace PARK CITY UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DELLA ANN GARN
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace MENDON UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature { ~~M.D.~~ Midwife } Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 41 years, and that Sally Ann Lee Midwife (First name) (Last name) who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Ann Bates Signature
415 East 14th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of July 1942
(SEAL) C. R. Crowley Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-223-007442

352393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county six years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD Florence Iva Moore

5. Date of Birth of Child (Month, day, year) May 23, 1900

6. Sex female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gilbert Motier Moore
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Linina, (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Virginia Musgrave
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Charlestown, W.Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs. Lorenae Savira (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Virginia Moore Signature
223 S.E. 81st Ave., Portland, Ore. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) ____ Notary Public, residing at 8320 S.E. Stark St., Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 18 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-211001-213

352528

352568

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352568
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rachel Henrietta Goff

5. Date of Birth of Child (Month, day, year) Nov. 11-1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Montero Goff
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Cattle Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bates
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Rachel S Goff (First name) – my mother (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William E. Goff Signature

1517 Grove St Boise Ida P. O. Address

Subscribed and sworn to before me this 27 day of July, 1942.

(SEAL) Gordon M. Hawkins Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1942 by Maud F Elder, Registrar.

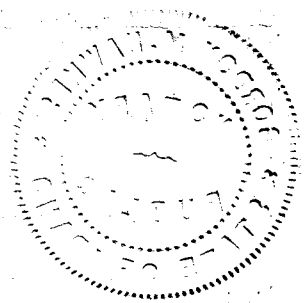
JUL 29 1942

DEC 13 1962
OCT 10 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-109001-484 352573

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352573
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City CALDWELL
(c) Street Address or R.F.D. No. R.F.D.1.
(d) Name of Hospital or Maternity Home: AT. HOME.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? all her life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jesse Walter Miller

5. Date of Birth of Child (Month, day, year) Oct. 9. 1900

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John J. Miller
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Retta Dymoke
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Don't Know (First name) (Last name), who attended this birth Don't Know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Dymoke Signature
Rt. 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942
(SEAL) [signature] Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-113-039,993

United States Department of Commerce Bureau of Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352598

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Neeley
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Neeley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Neeley Idaho.

4. FULL NAME OF CHILD Earl Morgan

5. Date of Birth (Month, day year) April 13-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Edward Thomas Morgan
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Oak Creek (City or town) Utah (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Merab Violet Richardson
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country) U.S.A.
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 22 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edward Thomas Morgan, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Earl Morgan (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Edward T Morgan Signature

..... P. O. Address

Subscribed and sworn to before me on this 21 day of July 1942

(SEAL) [signature] Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

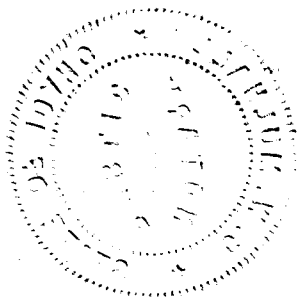
JUL 2 4 1942

DEC 3 1 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



863-210036-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alta Hollingsworth

5. Date of Birth of Child (Month, day, year) Jan 10 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marvin D Hollingsworth
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Omaha Neb. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Bosworth
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Marvin (First name) Hollingsworth (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Mrs. McQueen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marvin D Hollingsworth Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942
(SEAL) [signature] Notary Public, residing at Preston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 122 004 113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352625
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sterling Edwin Dumford

5. Date of Birth of Child (Month, day, year) July 22 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Parley Edwin Dumford
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Christina Jacobsen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Warren (First name) West (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Parley Dumford Signature

Logan Utah P. O. Address

Subscribed and sworn to before me this 20 day of July, 19 42

8/5/44 (SEAL) [illegible] Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69-24-031-336

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Nez Perce (P.O)
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** FRIEDA J. FREDRICKSON

5. Date of Birth of Child (Month, day, year) JULY 14, 1900

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy —

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRED FREDRICKSON
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER & CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA THOMPSON
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace NORWAY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Personal Acquaintance (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 77 years of age, that I have known this person for 41+ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nels I. Tenning Signature

1713-Boylston Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of May, 1942.

(SEAL) Naomi E. Hedal Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by , Registrar.

Use only BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513 227009 317

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352735
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12yrs yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Lucy Naccarato

5. Date of Birth of Child (Month, day, year) Jan. 27 1900

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Naccarato
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Caprai
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Lama Di Peligno, Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Theresa (First name) Naccarato (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her Mark + Theresa Naccarato Signature

Witnessed by: Helen Naccarato
Georgia Hagman

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942

(SEAL)

Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 209 003 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352781
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 117 N. Johnson Ave.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 117 N. Johnson
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Marguerite Houtz

5. Date of Birth of Child (Month, day, year) May 9, 1900.

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bertran Houtz
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Rice
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Elba, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertran Houtz Signature

518 N. Grant Ave., Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of July, 1942.

(SEAL) M. McClure Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel F. Elder, Registrar.

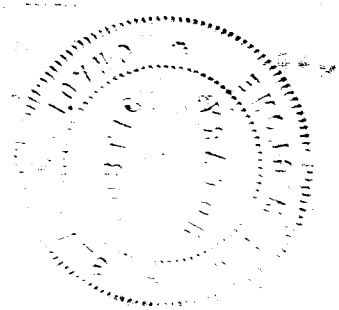
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-715036-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 58785

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home No days.
   In **THIS** county 12 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12½ yrs.
   (f) Mother's mailing address Malad

3. **RESIDENCE of FATHER** (city, state): Malad Ida.

4. **FULL NAME OF CHILD** Robert Paul Peck

5. Date of Birth (Month, day, year) Oct. 15, 1900.

6. Sex male

7. Twin or Triplet L

If so—born 1st, 2nd, 3rd L

8. No. months of Pregnancy 8 mon

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Peck
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Maria Bywater
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
    (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 29 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Oneida } ss.

Annie M. Peck, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Robert Paul Peck (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Spencer (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie M Peck Signature

Malad City Ida P. O. Address

Subscribed and sworn to before me on this 23rd day of July 1942.

(SEAL)

J. A. Jones Notary Public, residing at Malad by Ida

My com. expires Nov 1, 1944

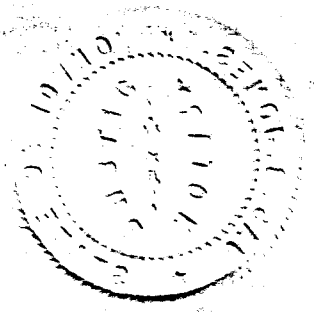
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ADA (b) City BOISE
(c) Street Address or R F D No. 1121 HAYS
(d) Name of Hospital or Maternity Home: IN OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1121 HAYS
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address 1121 HAYS, BOISE

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDA.

4. **FULL NAME OF CHILD** MARY ELIZABETH KING

5. Date of Birth (Month, day, year) JAN. 25, 1900

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SHERMAN GRANT KING
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace MILWAUKEE, WISCONSIN (City or town) (State or foreign country)
14. Exact Occupation LOANS AND INSURANCE
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH IDAHO SCHNABEL
17. Color or Race WHITE
18. Age at time of THIS birth 29 years
19. Birthplace BOISE, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES (c) Born alive and now dead --- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUL 25 1942 (Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of WASHINGTON } ss.
County of KING }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELIZABETH I. KING, being first duly sworn, say that I am (MOTHER) RELATED TO (Related to (or) acquainted with) MARY ELIZABETH KING (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GEO. COLLISTER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth I. King Name

921-14 Ave West Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 23rd day of July 1942

(SEAL)

Notary Public, residing at Seattle

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 M2-025-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3+ yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida.

4. FULL NAME OF CHILD Samuel Alvin Manring

5. Date of Birth of Child (Month, day, year) Aug. 12, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Vincil Manring
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Dekalb Co. (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Margaret Butler
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Oskaloosa (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Manring (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41+ years, and that Nellie (First name) Manring (Last name), who attended this birth is in B.C. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Manring Signature
Grangeville Ida P. O. Address

Subscribed and sworn to before me this 14 day of July, 1942
(SEAL) Wilbur J. Campbell Notary Public, residing at Grangeville Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-213022-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352927

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Hayden
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Hayden
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LILLIE ILLENE THOMAS

5. Date of Birth of Child (Month, day, year) March 13, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Madison Thomas
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Smithfield, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Candus Allen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Richmond, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Mary Leithem (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Candus Allen Thomas Signature

101 E. Platt, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942

(SEAL) Mildred E. Davis Notary Public, residing at 3111 E. Thompson St. Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-915 Idaho Code, Annotated)

Received for filing on JUL 31 1942 by Mabel E. Lee, Registrar.

My Commission Expires September 18, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

JAN 16 1962

AUG 2 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352952

United States
Department of Commerce
Bureau of the Census

sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho.

4. **FULL NAME OF CHILD** Harlan Taylor Later

5. Date of Birth of Child (Month, day, year) Nov.21st,1900.

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD single

10. **FULL NAME** Peter Later
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lynn, Weber County, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aner Taylor.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Harrisville, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Saunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Mrs. Anna Clark (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada L Taylor Spracher Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942

(SEAL) Beth E. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 16 1942 by Mabel F. Edgerton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-124040-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City GEM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) GEM IDAHO

4. FULL NAME OF CHILD John Alfred Linn

5. Date of Birth of Child (Month, day, year) Feb. 24, 1900

6. Sex Male

7. Twin or Triplet If so—born ~~1st~~, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Hans Linn
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Härjedalen (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Matilda Mattson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Roggärd (City or town) Sweden (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MONTANA
County of Mineral } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Theresa (First name) Peck (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Johanna Matilda Linn Signature

Alberton Mont P. O. Address

Subscribed and sworn to before me this 30th day of July 19 42

(SEAL) Lia L. Nichols Notary Public, residing at Alberton Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 3 1942 by Mary Keller Registrar.

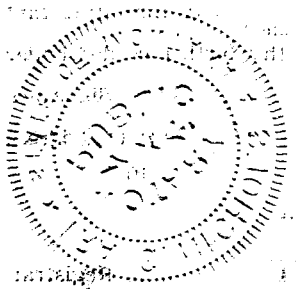
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-21 7035 767

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353146

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Lewiston

4. FULL NAME OF CHILD Helen Josephine Foreman

5. Date of Birth (Month, day year) April 17 1900

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Foreman

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Harristown Ill. (City or town) (State or foreign country)

14. Exact Occupation newspaper publisher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Katherine Pope

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Woodstock Ill. (City or town) (State or foreign country)

20. Exact Occupation —

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2. (c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 3 1942 (Date received) (b) Mark Tidlow (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of King }

I, Sarah Katherine Foreman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Josephine Foreman as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Morse (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Katherine Foreman Signature

1946 8th Ave. N. Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 31st day of July, 1942

(SEAL) C. D. Packer Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 216 040-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353170
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home no street address
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace

4. FULL NAME OF CHILD Helen Mabel Muir

5. Date of Birth of Child (Month, day, year) April 16, 1900

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Muir
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation Grocer and Baker
15. Industry or Business merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Agnes Beattie
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Hawick (City or town) Scotland (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that army doctor, name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Agnes Muir Signature
North Hollywood P. O. Address

Subscribed and sworn to before me this 1st day of August 19 42

(SEAL) A. G. Aylline Notary Public, residing at No Hollywood Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 2-15-1943

Received for filing on AUG 4 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-222004-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Alice Schmit
5. Date of Birth of Child (Month, day, year) Feb. 22, 1900
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mathais Schmit
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Yunglinster, (City or town) Luxembourg (State or foreign country)
14. Exact Occupation Farmer & Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Ann Nate
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Dingle, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Mrs. Jane (First name) Sparks, (Last name) midwife who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Ann Schmit Signature

123 Harvard Ave. Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 3rd day of August, 1942

(SEAL) Earl M Simonsen Notary Public, residing at Bountiful Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-113 022-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353249
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Freman Eastman Grover

5. Date of Birth of Child (Month, day, year) July 13, 1900

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward P. Grover
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Farmington, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Belle Clawson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Draper, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) [redacted] (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. Wm. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie B. Grover Signature

St. Anthony, Fremont County, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of August, 19 42

(SEAL) [signature] Clerk of [illegible] ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by [signature], Registrar.

AUG 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 225029 132

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353359
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. RFD #2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. RFD #2
   (e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs
   (f) Mother's mailing address Taney Idaho

3. **RESIDENCE of FATHER** (city, state) Taney, Ida

4. **FULL NAME OF CHILD** Ollie Etta Morey

5. Date of Birth (Month, day, year) April 25 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar Vivaldi Morey
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace ? (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Alber
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace ? (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 1
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 10 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hiram Alber, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ollie Etta Morey (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Evart or Everett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hiram Alber Signature
1704 E. 5th ave P. O. Address

Subscribed and sworn to before me on this 4th day of August, 1942

(SEAL) A. W. Dolph Notary Public, residing at Spokane

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-228008-49

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Ada~~ Boise (b) City Idaho City
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home of Mrs. J. Farrell
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frances May Small

5. Date of Birth of Child (Month, day, year) June 28 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert E. Small
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Harwich (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Dredge operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Marden
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boston (City or town) Massachusetts (State or foreign country)
20. Exact Occupation At home
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Maine } ss.
County of Buffalo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that The Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary A. Small Signature
24 James Ave Winthrop Mass. Address

Subscribed and sworn to before me this sixth day of February, 19 42

(SEAL) Barnett N. Samuels Notary Public, residing at Winthrop, Mass.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by M. J. Hayden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-102 025-251

353455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rufus Wirt Denham

5. Date of Birth of Child (Month, day, year) March 2, 1900

6. Sex Male

7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Denham
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Adeline Beasley
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Cottonwood (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez erce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the great Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Dr. Russell Truett (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nubia Bider Copeland Signature

321-11th-Street Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 42

(SEAL) C. P. Hinkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on AUG 12 1942 by Mabel Fletcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

24-102035 231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353538
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Forest, Idaho

4. FULL NAME OF CHILD James Reed Smailes

5. Date of Birth of Child (Month, day, year) July 2, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Emery Smailes
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Walla Walla (City or town), Washington (State or foreign country)
14. Exact Occupation Hostler
15. Industry or Business Stage Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Blachley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Eugene (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. **Midwife** Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs George Nelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Franklin Signature

P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942.

(SEAL) Notary Public residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

767-116-036-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Rural
(c) Street Address or R.F.D. No. 1- May Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Rural
(d) Street Address or R.F.D. No. 1- May Idaho
(e) How long has **MOTHER** lived in Idaho? 1 yrs. 3 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Lemhi co Idho

4. FULL NAME OF CHILD Forest Seymour Pope Joy

5. Date of Birth of Child (Month, day, year) NAV 16 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Elmo Pope Joy
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Asa (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Coon Gittle
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bellville (City or town) Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Mich } ss.
County of Wayne }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Forest Seymour Pope Joy (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Pope Joy Signature
27 W 93 michaan Dr Inkster Mich P. O. Address

Subscribed and sworn to before me this 7 day of Aug, 1942

(SEAL) Willis R Harrison Notary Public, residing at Inkster Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel H Fellers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-22-029-812

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353558

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home near Genesee
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5-2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. **FULL NAME OF CHILD** Margaret Cecelia Grieser
5. Date of Birth of Child (Month, day, year) Oct 23 - 190
6. Sex girl
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles F Grieser
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Mary Hasfurther
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation farm wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna M Grieser (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature + Emma M. Grieser M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above that I am now 64 years of age, that I have known this person for 4 yrs years, and that Phebe Rogers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

+ Anna M. Grieser Signature

Genesee Idaho P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942

(SEAL)

Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel M Nelson, Registrar.

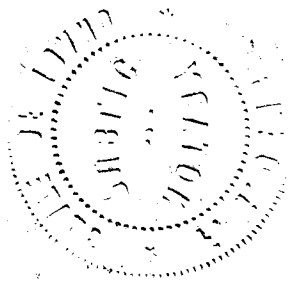
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-201-040-225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353559
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan Ida

4. FULL NAME OF CHILD Catherine Greenough

5. Date of Birth of Child (Month, day, year) May 1, 1900

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Brush Greenough
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Cherryvale (City or town) Kansas (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Skelly ~~Greenough~~
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Breckenridge (City or town) Missouri (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude S. Greenough Signature
Lander, Wyoming P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942

(SEAL) C. L. Frankenfeld Notary Public, residing at Lander, Wyoming

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-21-0036-714

353575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Onieda (b) City Whitney
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital of Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS county** years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Whitney
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   ..... (Street or R.F.D.) ..... (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nancy Aleze Beckstead

5. **DATE OF BIRTH** (Month, day, year) Jan 11 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Beckstead

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace South Jorden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pheba Eliabeth Campbell

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace North Ogden Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Pheba Beckstead (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Nancy Beckstead M.D. (D.O., Midwife, etc.)
and address ..... Date .....

26. (a) AUG 12 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

AUG 17 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

869-211-028-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353585
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: None: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 4-5/6 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD GRACE MARIE YORK

5. Date of Birth of Child (Month, day, year) Jan. 11, 1900

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 7 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Clay York
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace ? (City or town) Alabama (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Grocery and Dry Goods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Elizabeth TREVILLION
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation Storekeeper & Housewife
21. Industry or Business Grocery and Dry Goods

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Clay York Signature

R. 3, Box 453, Eugene, Oregon. P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942

(SEAL) Lonnie Crawford Notary Public, residing at Eugene Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for OREGON
My Commission Expires Dec. 22, 1943

Received for filing on AUG 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

861-215-006-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353688
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Alice.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Alice.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho.

4. **FULL NAME OF CHILD** Ruth Vivian Hoalst

5. Date of Birth of Child (Month, day, year) Dec. 15, 1900.

6. Sex Female.

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Rufus Hoalst.
11. Color or Race White.
12. Age at time of THIS birth 42 yrs.
13. Birthplace Copanhagen (City or town) Denmark. (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle Business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Permelia Taylor
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Raleigh (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 41 years, and that Dr Givens (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ed. Morgan Signature

~~RFD~~ Box 238 Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of August, 19 42

(SEAL) Donald C. Patten Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 Mabel E. Eagleson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-127-040-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone Co. (b) City Mullen
(c) Street Address or R.F.D. No. Do not remember
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullen
(d) Street Address or R.F.D. No. Do not remember
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Mullen, Idaho

4. FULL NAME OF CHILD Oscar William Anderson

5. Date of Birth of Child (Month, day, year) November 27, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles John Anderson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fredonia (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Gustava Carlson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Karlscrona (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Miss (First name) Morta (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amanda Anderson Ludy Signature
11807 Avon Way, Culver City, California P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Marianne Aulin Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
IN THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires May 14, 1944

Received for filing on AUG 14 1942 by Mabel Fielders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1952

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-118 025-168

353729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm House on Ranch
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. Farm House
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Preston Oscar Vandeburgh

5. Date of Birth of Child (Month, day, year) Oct. 18-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Peter Vandeburgh

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Dayton (City or town) Washington (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Johnson

17. Color or Race White

18. Age at time of THIS birth 16 yrs.

19. Birthplace St. Joseph (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Violet Vandeburgh (First name) Smith (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif.
County of Lassen } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 4 yrs. 10 Mos. years, and that Elizabeth Vandeburgh (First name) (Last name), who attended this birth Is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Vandeburgh Smith Signature

1373 Feral St Susanville Calif. Address

Subscribed and sworn to before me this 14 day of August, 1942

(SEAL) [signature] Notary Public, residing at Susanville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-109-014-266

353795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Idaho
(c) Street Address or R.F.D. No. On ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City On ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Andrew Joseph Wheeler

5. Date of Birth of Child (Month, day, year) April 9th 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Andrew Wheeler
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Toronto (City or town) Canada (State or foreign country)
14. Exact Occupation Postman
15. Industry or Business delivers Mail for us.

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Barker
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Echo (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Elder Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 41 years, and that Dr. Hobbs (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William Seneca Wheeler Signature

Nampa, Idaho, Star Route P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 42

(SEAL) A. W. Talbot Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

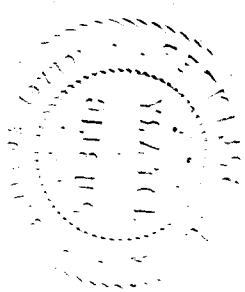
SEP 29 1966

AUG 21 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



169-206-010-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353843
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City
(c) Street Address or R.F.D. No. Idaho Falls I
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay BEFORE delivery: IN THIS county years 18 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. I Idaho Falls
(e) How long has MOTHER lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alta Thera Jordan

5. Date of Birth of Child (Month, day, year) Dec 6 1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy first Born **9.** Legitimate? no

FATHER OF CHILD

10. FULL NAME Frank Wilbert Jordan
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Canada (City or town) California (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Alice Riches
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Wash (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Josephine Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy A Jordan Signature

..... P. O. Address

Subscribed and sworn to before me this 18 day of August, 1942

(SEAL) Louise Keefer Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 19 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1967

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-21-036-867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353855

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Owne Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. number
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Laura Cordelia Fernish

5. Date of Birth of Child (Month, day, year) Oct. 11th 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Fernish
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Winchester Va. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Pharmacy

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Cordelia Hopkins
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ogden Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 42 years, and that Mr. John W. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha C. Fernish Signature

945 Madison St Santa Clara Calif. P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL) NOTARY PUBLIC IN AND FOR THE COUNTY OF SANTA CLARA, STATE OF CALIFORNIA Notary Public, residing at Santa Clara, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mark Hazlett, Registrar.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-221-036-286

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 354922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 40 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Malad, Ida

3. RESIDENCE of FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Elizabeth Muriel Jones.
5. Date of Birth (Month, day, year) Nov. 21, 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Brigham Evan Jones.
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Carmarthen, So. Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer, & laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Bywater
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 22 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie M. Peck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elizabeth Muriel Jones (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary A. Adams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie M Peck Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Aug., 1942

(SEAL) [signature] Notary Public, residing at Malad, Ida.
My commission expires Nov. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-229 025-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho.

4. FULL NAME OF CHILD Melva Helen Chrisman

5. Date of Birth of Child (Month, day, year) July 29, 1900

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Chrisman
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Scio (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Melvina Brenner
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Scio, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of OREGON
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Lenora (First name) Bristol (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Melvina Chrisman Signature

329 West Grant St. Lebanon, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of August, 19 42

(SEAL) Harvey A. Wright Notary Public for Oregon residing at Lebanon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-128 022-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) [redacted] Ville

4. FULL NAME OF CHILD Alma Leo Brower

5. Date of Birth of Child (Month, day, year) May 28 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thompson Brower
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Trantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira Ann Mower
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Springville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Mont
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 42 years, and that Mrs Loaslie (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC for the State of Montana,
Residing at Charlo, Montana;
My commission expires October 19th, 1943.

Wm T Brown Signature
St Ignatius P. O. Address

Subscribed and sworn to before me this 15 day of August, 1942

(SEAL) R. A. Chafus Notary Public, residing at Charlo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-19 022-415

354955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in own home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Hyram Smith

5. Date of Birth of Child (Month, day, year) Dec. 19, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hyram R Smith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Faller
15. Industry or Business Timberman

MOTHER OF CHILD

16. FULL MAIDEN NAME Surpta S. Davis
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Paradise, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for over 41 years, and that Mrs. (First name) Crapo (Last name), midwife, who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Assisted Mrs. Crapo and saw brother within few hours after birth

Martie Smith Witmebel Signature
4327 N. Kirby, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of August, 19 42.

(SEAL) M. E. Cooper Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Nov. 20, 1943

Received for filing on AUG 21 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-101-035-493

355048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Fletcher
3. **RESIDENCE of FATHER** (city, state): Fletcher, Ida.

4. **FULL NAME OF CHILD** Louise Alfred Wright
5. Date of Birth (Month, day, year) April 1, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Sylvester Wright
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Yamhill (City or town) Oregon (State or foreign country)
14. Exact Occupation Steam Engineer
15. Industry or Business Sawmills, etc.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie M. Mills
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Garfield Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's
OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Nez Perce } ss.

I Mattie M. Wright, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louise Alfred Wright (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie M Wright Signature
Lenore Idaho P.O. Address

Subscribed and sworn to before me on this 24 day of August, 1942.

(SEAL) [signature] Notary Public, residing at Lenore Idaho

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such [illegible] to the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 124016-366

355077

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Golden Karlson

5. Date of Birth of Child (Month, day, year) 1-24-1900

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Noel Karlson
11. Color or Race white
12. Age at time of THIS birth 18 yrs.
13. Birthplace Oakley Idaho (City or town) (State or foreign country)
14. Exact Occupation Sheep man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Cook
17. Color or Race Wh.
18. Age at time of THIS birth 18 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Crilda~~ ~~Nitrate~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr. E. P. Oldham - now deceased Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Dr. E. P. Oldham (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie Cook Severe Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of August, 1942

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249130-029-312

355166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Uniontown Wn
(c) Street Address or R.F.D. No. (mailing address)
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Uniontown, Wn.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Latah County

4. FULL NAME OF CHILD Henry Fay Smith

5. Date of Birth of Child (Month, day, year) June 30, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harrison Smith
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Latah County (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chris Viola Castor
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Neosho (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Hugh Crutcher (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chris Viola Smith Signature
Rte 1 Box 15 Clarkston Wash P. O. Address

My commission expires Feb. 15, 1946

Subscribed and sworn to before me this 27th day of June, 1942

(SEAL) John W. Woods Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-224004-315

355185

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Pegram
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Family Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Pegram
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Ella Vivian Murphy

5. Date of Birth (Month, day year) August 24-1900

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George David Murphy
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Rosamond Langford
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Norton County (City or town) Kansas (State or foreign country)
20. Exact Occupation Home Maker or House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a.M. on the date and at the place stated above, and that personal particulars were furnished by George D. Murphy (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 26 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Polly J. Nelson ~~M.D.~~ (D.O., Midwife, etc.)
and address Montpelier, Ida Date July 15-42

State of Wyoming } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marvel Larson, being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 25th day of August 1942
(SEAL) Marvel Larson Notary Public, residing at Cokeville Wyo.
My Commission Expires 4/20/44

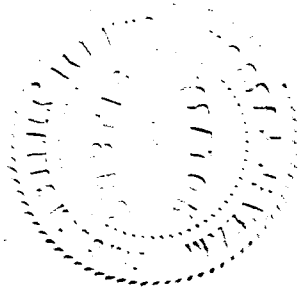
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-205040-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355191
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Silver King
   (c) Street Address or R.F.D. No. Home
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Silver King
   (d) Street Address or R.F.D. No. Home
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver King Idaho

4. **FULL NAME OF CHILD** Sara Margaret

5. Date of Birth of Child (Month, day, year) 7-5-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew J. Devlin
11. Color or Race Cauc.
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth C Keenan
17. Color or Race Celt
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg Ida Date 8-24-42

State of California } ss.
County of Madera }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 46 years, and that J R Mason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew J Devlin Signature
Ramsburg Calif P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) Kathleen Jewell Notary Public, residing at Ramsburg Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 26, 1942

Received for filing on APR 21 1942 by Mabel H. Nelson, Registrar.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855 228 006 493

355198

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Ruth Marie Hennefer

5. Date of Birth of Child (Month, day, year) Dec. 28, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Edward Hennefer
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Fountain Green, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Mitchell
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace Laurel Hill, N. Y. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for since birth years, and that Mary Ann (First name) Crawford (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred L. Hennefer Signature

Blackfoot, RFD, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942

(SEAL) Lorenzo R. Thomas Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by Mabel E. Elder, Registrar.

FEB 17 1976

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

£43-211-007-869

355223

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. UNKNOWN
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: IN THIS county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME OF CHILD ALICE GETRUDE, HUTCHISON

5. Date of Birth of Child (Month, day, year) 9-11-1900

6. Sex FEMALE **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD HUTCHISON

10. FULL NAME CHARLES DOUGLAS,
11. Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
13. Birthplace READSTOWN (City or town) WIS. (State or foreign country)
14. Exact Occupation R.R. FIREMAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSA MAE, HORSFALL
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace TAMA (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

State of Arkansas } ss.
County of Cleburne }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Unknown (First name) Unknown (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rosa Mae Hutchison Signature
Heber Springs, Arkansas P. O. Address

Subscribed and sworn to before me this 16th day of July, 19 42

My Comm. expires Jan. 8th 1943 SEAL Notary Public, residing at Heber Springs, Ark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by ... Registrar.

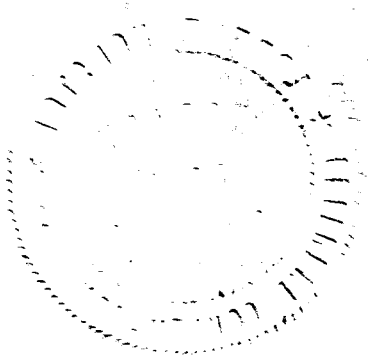
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-206-028-243

United States Department of Commerce
Bureau of the Census AUG 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI now Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County KOOTENAI now Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Lucy Lois Adsitt

5. Date of Birth of Child (Month, day, year) Mar. 6, 1900

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Fredrick Ernest Adsitt
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Greenbay (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy May Butterfield
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date Aug. 25, 1942

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that Franklin (First name) Adsitt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy May Adsitt Signature
607 E. Hawley Place Spokane Wash. Address

Subscribed and sworn to before me this 25th day of August 1942

(SEAL) Vivian E. Shoemaker Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 12/29/44

Received for filing on AUG 29 1942 by Mabel E. Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-231-020-635

355317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt. Home, Ida

4. **FULL NAME OF CHILD** Gladys Lillie Hobdey

5. Date of Birth of Child (Month, day, year) Jan. 31, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Marsland Hobdey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Milwaukee (City or town) Wis (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lillie Fletcher
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Doctor (First name) Newkirk (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lillie Fletcher Hobdey Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42

(SEAL)

Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mary Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

APR 9 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

992-217-029-238

355353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355353
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. Main Street
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. Main Street
   (e) How long has **MOTHER** lived in Idaho? 2 mo.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida.

4. **FULL NAME OF CHILD** Esther Marie Ristau

5. Date of Birth of Child (Month, day, year) March 17, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julius Ristau
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Danzburg, West Prussia, Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ottilie Wilhelmina Scheffler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Schwetz, West Prussia, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Minnesota
County of Brown } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Mrs. Jenny Wilcox (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julius Ristau Signature

606 South Front Street, New Ulm, Minnesota P. O. Address

Subscribed and sworn to before me this 27th day of August, 19 42

(SEAL) Carl A. Nee Notary Public, CLERK OF DISTRICT COURT BROWN COUNTY, MINN.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel Peterson, Registrar.

SEP 12 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-114-037-853

355376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City SILVER CITY
(c) Street Address or R.F.D. No. No Street Names
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. No Street Name
(e) How long has **MOTHER** lived in Idaho? 5 years yrs.

3. RESIDENCE OF FATHER (city, state) Silver City

4. FULL NAME OF CHILD HARRY GAILORD KREIS

5. Date of Birth of Child (Month, day, year) April 14th 1900

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY LINCOLN KREIS
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA EVELENA HELM
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace Cuba (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that S (First name) De Myers (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Harry Lincoln Kreis Cora E. Kreis Signature
3619-W-106 = St Inglewood Calif P. O. Address

Subscribed and sworn to before me this 17 day of July, 1942

(SEAL) Jesse C. Timmons Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel F. Edgar, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

My Commission Expires June 7, 1946

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-217.022-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355378

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No. –
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Grace M. House

5. Date of Birth of Child (Month, day, year) 3-17-1900

6. Sex Female

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Ellsworth House
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clarksburg (City or town) West Virginia (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva May Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Loudenville (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Dr. W. S. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva M House Signature

Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of August, 1942

(SEAL) C. E. Morell Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-901, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mary E. Boyle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1962

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358-20-6472-355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355416
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. 1888-1893
(e) How long has **MOTHER** lived in Idaho? 1897-1906 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Rae Lehman

5. Date of Birth of Child (Month, day, year) March 4, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Lincoln Lehman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace New York, New York (City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business Medical profession

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Levinger
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lauphein, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Penna. }
County of Philadelphia. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have [redacted] recorded under Chapter 189, 1937 Session Laws.

Walter Joseph Lehman Signature

My Commission Expires January 7, 1945

5128 N. 15th St E Philadelphia-Penn P. O. Address

Subscribed and sworn to before me this 28 day of August 1942

(SEAL)

Joseph Segment Notary Public, residing at Phila Pa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-210-040-631

355500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pearl Marcella O'Neil

5. Date of Birth of Child (Month, day, year) July 10, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Lawrence O'Neil
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Isle of Man (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Flatten
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Norway (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 52 years, and that Dr. Ingalls (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice O'Neil Fanbom Signature

Seattle, Washington P. O. Address

Subscribed and sworn to before me this 1 day of Sept, 1942

(SEAL)

Notary Public, residing at Okanogan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel Fielder, Registrar.

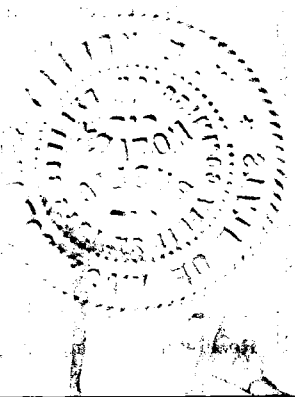
SEP 8 1942

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-118-040-642

355522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Black Bear, Ida.

4. FULL NAME OF CHILD Joseph Bernardy

5. Date of Birth of Child (Month, day, year) November 18, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Bernardy
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Asalo, Italy (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Wushi
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pakow, Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Mrs. Kate Wallner (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bernardy Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Aug, 1942
(SEAL) Anna Battick Notary Public, residing at Wallace, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-220-736-413

355526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH,** (All items at time of this birth)
(a) County Oneida (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Samaria, Idaho.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 21 months 1 days 23

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Samaria, Ida

4. **FULL NAME OF CHILD** Stella Richards

5. Date of Birth of Child (Month, day, year) Feb 20, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 Mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Henry Richards
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Genette Waldron
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Morse (Last name), who is related to this child as no relationship, is now deceased. (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that Maria (First name) Morse (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest S. Waldron Signature

Samaria, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942

(SEAL) J. F. Fredrickson Notary Public, residing at Malad, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-207 001-793

355652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joyce Adele Robbins

5. Date of Birth of Child (Month, day, year) May 7, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Perry Robbins
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mankato (City or town) Minnesota (State or foreign country)
14. Exact Occupation Retail Merchant
15. Industry or Business Confectionery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora May Gittings
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Walnut (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that William Loder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora May Robbins Signature

Redmond, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942

(SEAL) M. R. Cunning Notary Public, residing at Redmond, Oregon

MY COMMISSION EXPIRES AUG. 12, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel L. Elder, Registrar.

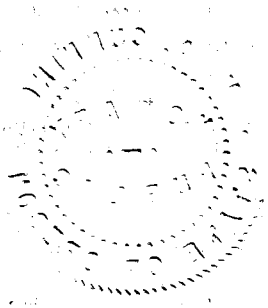
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-12-5204-38

355678

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier Ida.
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Van Milligan

5. Date of Birth of Child (Month, day, year) Sept. 25 1901

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Elmer Ellsworth Milligan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
Birthplace (City or town) Fillmore (State or foreign country)
Exact Occupation Drain master
15. Industry or Business U.P. R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Chapman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grand Island (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Milligan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif.
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth Dr. Gyon (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mrs Maggie Attwood Signature

1439 - 2nd Av. P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) Florence Corbett Notary Public, residing at 326 E. 14th

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of [illegible] cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-22-016-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355791

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley

(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Oakley

(d) Street Address or R.F.D. No. -

(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Crissa Anne Critchfield

5. Date of Birth of Child (Month, day, year) 9-27-1900

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis A. Critchfield

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Tooele (City or town) Utah (State or foreign country)

14. Exact Occupation Stockman and Farmer

15. Industry or Business Self-Employed

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane W. Wilson

17. Color or Race White **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Eden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by V. Pearl Critchfield (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Indiana (First name) McBride (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

V. Pearl Critchfield ✓ Signature

5 West 1st No Logan Utah P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Dorothy McGary Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 10 1942 by Mabel E. Eden, Registrar.

JAN 28 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-125036813

355815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 10 1942

State File No. 355815
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Elvin Steers

5. Date of Birth of Child (Month, day, year) Jan 25 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edmond Steers
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Hall
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Fairview Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for lifetime years, and that Ellen (First name) Maryan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Thompson Signature

P. O. Address

Subscribed and sworn to before me this 17th day of August, 19 42

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 118 035 812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Gifford
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Gifford Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Wesley Berreman
5. Date of Birth (Month, day, year) 10-18, 1900
6. Sex. Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry M. Berreman
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace ? (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hassinger
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace ? (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Berreman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) Sept 14-1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Berreman, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Wesley Berreman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nannie Cleveland (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Berreman Name
Gifford Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of February 1942

(SEAL) Philip Weisgerber Notary Public, residing at Lewiston Idaho

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 128004 386

355077

United States
Department of Commerce
Bureau of the Census SEP 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355077
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fish Haven, Ida

4. **FULL NAME OF CHILD** Ray Charles Stock

5. Date of Birth of Child (Month, day, year) Aug 28, 1900

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Coulson Stock

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Fish Haven, Idaho (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business Co-owner of Fish Haven Resort

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Thompson

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Shire Oaks, Nottinghamshire, Eng. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Dr. W.B. (First name) West (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Coulson Stock Signature

Fish Haven, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 42

(SEAL) Ted Price Notary Public, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mary [illegible], Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jenna Vee McMillan

5. Date of Birth of Child (Month, day, year) Aug. 5 1900

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Mc Millan
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Murray, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Elnora Daniels
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Uintah Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. ~~Number of children of this mother~~: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, ~~above~~, that I am now 68 years of age, that I have known this person for 42 years, and that Charlotte Wylie (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Elnora Mc Millan Signature

Rexburg Rt. 1. P. O. Address

Subscribed and sworn to before me this 27th day of August, 1942

(SEAL) Daniel Ricks Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

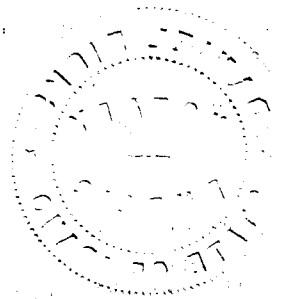
SEP 17 1956

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated; when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Star

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarence Warren Rambo

5. Date of Birth of Child (Month, day, year) Dec 27, 1900

6. Sex m

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Rambo

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha M. Hudson

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Mo. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that O.W.Hall (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha M. Cleek Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 17th day of September, 1942

(SEAL) O.M. Laing Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Maud F. Elder, Registrar.

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SEP 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356068
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Livonia Isabelle Stone

5. Date of Birth of Child (Month, day, year) July 26 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer B. Stone

11. Color or Race American

12. Age at time of THIS birth 25 yrs.

13. Birthplace Mt. Vernon, Oregon (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emily Purcell

17. Color or Race American

18. Age at time of THIS birth 20 yrs.

19. Birthplace Woodbine, Iowa (City or town) (State or foreign country)

20. Exact Occupation Home work

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (This child)

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs Emma L. Stone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Homer B. Stone Signature

P. O. Address

Subscribed and sworn to before me this 25 day of Aug, 1942

My Commission Expires Feb. 4, 1943.

(SEAL)

Notary Public, residing at Nampa Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

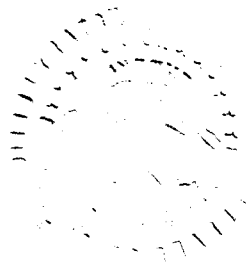
Received for filing on SEP 22 1942 by Mary F Felder, Registrar.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be~~ received and filed ~~by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Ida

4. **FULL NAME OF CHILD** Ethel Clark

5. Date of Birth of Child (Month, day, year) Sept 16 1900

6. Sex girl

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm H. Clark

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace ~~Iowa~~ (City or town) Iowa (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A. Thorpe

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Payette (City or town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ~~Canyon~~ Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Wm. Minard (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha A. Vogle Signature

Homedale Idaho P. O. Address

Subscribed and sworn to before me this 29 day of September, 1942

(SEAL) Wesley M. Gray Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Maud F Felder, Registrar.

FEB 23 1962

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356139
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Ruth Audra Stonestreet - July 20

5. Date of Birth of Child (Month, day, year) 1900

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lorenzo D. Stonestreet

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Sutton, West Virginia.
(City or town) (State or foreign country)

14. Exact Occupation Teamster.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Waldeck.

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Weston, West Virginia.
(City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of West Virginia }
County of Braxton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Dr. John Rathbun Idaho (First name) (Last name) who attended this birth Cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rebecca Stonestreet Signature

Gassaway W.Va. P. O. Address

Subscribed and sworn to before me this 16 day of Sept, 19 42

(SEAL) J.R. Carter Notary Public, residing at Gassaway W.Va.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

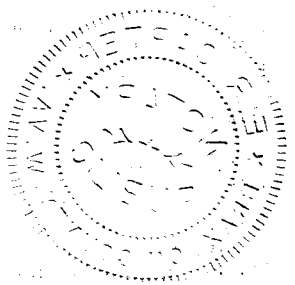
Received for filing on SEP 19 1942 by Mabel Hedden, Registrar.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

I. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City near
(c) Street Address or R.F.D. No. Post Falls
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) near Post Falls, Idaho

4. FULL NAME OF CHILD Agnes Marie Denison

5. Date of Birth of Child (Month, day, year) 4/27/1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Emmett Denison
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Marie Downey
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace TerreHaute (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Dr. E. L. Denison (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Emmett Denison Signature

Liberty Lake, Washington P. O. Address

Subscribed and sworn to before me this 19th day of September, 1942

(SEAL) Isabelle I. Smith Notary Public, residing at Opportunity Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mark Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 125 025 396

357166

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 8 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state) Toos Kia, Idaho

4. **FULL NAME OF CHILD** Earl Ellis Rice

5. Date of Birth of Child (Month, day, year) Dec. 25, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Alfred Rice
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raises stock, Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Crooks
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid water

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 66 years of age, that I have known this person for 41 years, and that Dr. W. A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Alfred Rice

Chas A. Rice Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 17th day of September, 1942.

(SEAL) Hampton Taylor Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

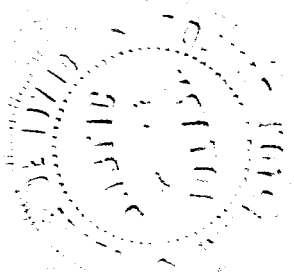
DEC 3 19[illegible]

SEP 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-10 0 35 253

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 6 months _ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac Idaho

4. FULL NAME OF CHILD Glenn DeWalt Stanfield

5. Date of Birth of Child (Month, day, year) Feb. 3, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles H. Stanfield
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Columbus, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Estelle Kellogg
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Beatrice, Nebraska. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at I A M. on the date and at the place stated above, and that personal particulars were furnished by Maude E. Kellogg (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature SEP 21 1942 M.D. Midwife Address Date

State of Tennessee } ss.
County of Sullivan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that $ NO Available record (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecil V. Stanfield Signature
Bristol, Tenn. P. O. Address

Subscribed and sworn to before me this 19th day of September, 1942

(SEAL) Mrs. C. M. Roberts Notary Public, residing at Bristol, Tenn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by _____, Registrar.

SEP 24 1942

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-124036864

357195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City PRESTON
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: AT home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ONEIDA
(c) City PRESTON + OXFORD
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) PRESTON Idaho

4. FULL NAME OF CHILD Leland Homer Merrill

5. Date of Birth of Child (Month, day, year) MAY 24-1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 MO

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Fred Whittemore Merrill
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
14. Exact Occupation CREAMERY MAN - INSTRUCTOR AT ONEIDA ACADEMY
15. Industry or Business DAIRY BUSINESS + School TEACHER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IdA MAY HOMER
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace OXFORD (City or town) Idaho (State or foreign country)
20. Exact Occupation none
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living YES.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born Alive at ABOUT 8~~ (Born alive, stillborn) P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Dr Allen Cutler (First name) (Last name), who attended this birth NOW deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida H. Merrill Signature
460 - 11th Ave Salt Lake City P. O. Address

My Commission Expires June 9, 1946

Subscribed and sworn to before me this 14 day of September, 1942 at Utah
(SEAL) Virginia M. Dickerson Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by Mabel E. Edgerton, Registrar.

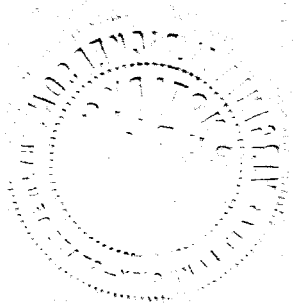
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

SEP 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville Ida.

4. **FULL NAME OF CHILD** Ruth Jardine

5. Date of Birth of Child (Month, day, year) Jan. 21, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Richard Franklin Jardine
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Shuttleworth (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luna Caroline Ellsworth
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 42 years, and that Mrs Brian (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Belle Fisher Signature

1306 Santa Clara Ventura, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of September, 1942.

(SEAL) Elmer H. Davis Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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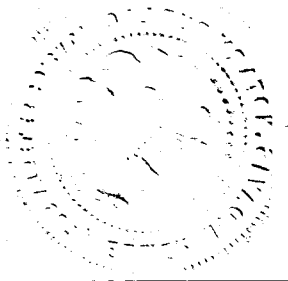


433-22 007-465

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City KETCHUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MARY Jane McCoy

5. Date of Birth of Child (Month, day, year) May 29 - 1900

6. Sex FEMALE

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James H McCoy
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace California. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** POPA BELL MONKS.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Death Valley Nevada (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a FRIEND (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Bowning Signature
Hailey Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of September, 1942

(SEAL) R. H. McCoy Notary Public, residing at Hailey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mark Heller, Registrar.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-228001-236

357330

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years ½ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Edith Carrie Small

5. Date of Birth of Child (Month, day, year) Mar. 28 1900

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Noah Daniel Small
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Prairie City (City or town) Ohio (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Storms
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Dr Eliza Whitlock Midwife (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia A Nelson Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September 1942

(SEAL) A. L. Murphy Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated)

Received for filing on SEP 24 1942 by Mary Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 110016-759

357357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA. (b) City ALBION.
(c) Street Address or R.F.D. No. NONE.
(d) Name of Hospital or Maternity Home:
NONE. WAS BORN IN HOME.
(e) Mother's stay **BEFORE** delivery: APPROXIMATELY
IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO. (b) County CASSIA.
(c) City ALBION.
(d) Street Address or R.F.D. No. NONE.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) ALBION, IDAHO.

4. FULL NAME OF CHILD JOHN WILLIAM STORY.

5. Date of Birth of Child (Month, day, year) APRIL 10th., 1900.

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** RICHARD, THOMPSON, STORY. ~~DECEASED~~.
11. Color or Race WHITE.
12. Age at time of THIS birth ? yrs.
13. Birthplace NEAR PARIS, MISSOURI, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation PHYSICIAN AND SURGEON.
15. Industry or Business DRUG STORE.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNIE, RACHEL, PERLEY. (~~STORY~~)
17. Color or Race WHITE.
18. Age at time of THIS birth ? yrs.
19. Birthplace MASON CITY, ILL. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Calif.
County of ~~Maywood~~ Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER, (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44, years of age, that I have known this person for 42, years, and that RICHARD, THOMPSON, STORY, (First name) (Last name), who attended this birth IS NOW DECEASED, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard C. Story Signature
1015 NORTH TOWNER AVE., SANTA ANA, CALIF. P. O. Address

Subscribed and sworn to before me this 23 day of September, 1942

(SEAL) E. O. Fingerman Notary Public, residing at Maywood Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 3, 1944

Received for filing on SEP 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-102-006 - 763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357388
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BASALT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BASALT
(d) Street Address or R.F.D. No. 11
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) BASALT - IDAHO

4. FULL NAME OF CHILD BERNETT LOVE

5. Date of Birth of Child (Month, day, year) NOV. 2, 1900

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME SAMUEL LOVE
11. Color or Race WHITE **12.** Age at time of THIS birth 32 yrs.
13. Birthplace RUSSIA (City or town) (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business GEN. STORE.

MOTHER OF CHILD

16. FULL MAIDEN NAME TILDA GOLDBERG
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace RUSSIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Oldest brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 41 years, and that Dr Lakue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Friedman Signature
4806 Broadway Salt Lake Ut P. O. Address

Subscribed and sworn to before me this 14 day of Sept 19 42

11-30-45 (SEAL) Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Mabel Steffensen, Registrar.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

716-1140402-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
SEP 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357393
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ARTHUR DEWEY GAFFNEY

5. Date of Birth of Child (Month, day, year) June 14, 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Gaffney
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Carlonville-Green Co-Illinois (City or town) (State or foreign country)
14. Exact Occupation hostler on railroad
15. Industry or Business Morning Mining Co-RR.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Pearl Potter
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Davies Co-Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business raise family-

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Doctor Northington, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pearl Gaffney Signature

2089 E. 15th Ave-Eugene, Oregon. P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Gordon A. Ramsted for Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Exp 5-30-43

Received for filing on SEP 26 1942 by Mabel E. Nelson, Registrar.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-227036 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357402
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 3 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Malad - Ida

4. FULL NAME OF CHILD Jeannette Daniels

5. Date of Birth of Child (Month, day, year) Aug - 27 - 1900

6. Sex Female

7. Twin or Triplet ~~X~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Daniels
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cherry Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Rachel Williams (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Elizbith Daniels Signature
113 S. California Ave. Hynes Calif. P.O. Address

Subscribed and sworn to before me this 12 day of Sept, 1942

(SEAL) Chas. P. Koopman Notary Public, residing at Hynes Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 18, 1944

Received for filing on SEP 21 1942 by Mabel F. Elsfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1970
MAR 29 1989

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-129-039-254

SEP 30 1942

357535

United States Department of Commerce Bureau of the Census

(Figure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Am. Falls, Idaho

4. **FULL NAME OF CHILD** Jake Albert Ellis

5. Date of Birth of Child (Month, day, year) 12-29-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William H. Ellis
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Queenstown, Africa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Beutler
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Berne, Switzerland (City or town) (State or foreign country)
20. Exact Occupation House ife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Ella Kent (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ellis Signature

Inkom, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of September, 1942

(SEAL)

Notary Public, residing at Inkom, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by ..... Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653 109 016-293

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357558
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD JOSEPH CARR WETHERMAN

5. Date of Birth of Child (Month, day, year) May 9, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius James Wetherman

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lawrence, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Vi Billings

17. Color or Race White American

18. Age at time of THIS birth 28 yrs.

19. Birthplace La Plata, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. Cook, Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V. Weatherman Signature

199 23rd N. Salem, Oregon P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 42

(SEAL) Grace Bistline Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 24 1942 by Mary E. Clayton, Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-203 035 455

United States
Department of Commerce
Bureau of the Census

OCT 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. E. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. E. Main St.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, Lewiston Idaho

4. **FULL NAME OF CHILD** Pearl Marie Strong
5. Date of Birth of Child (Month, day, year) Nov. 3, 1900
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harleigh H. Strong
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Irving (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Ellen Dent
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lewiston (City or town) Idaho U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that L.F. Inman (First name) M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary White Signature

Route 2- Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of September, 1942

(SEAL) C P Hinkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

OCT 5 1942

OCT 5 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

552-101 028 -396

357667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 24 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City None

(c) Street Address or R.F.D. No. Rathdrum Prairie

(d) Name of Hospital or Maternity Home: Born at Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City None

(d) Street Address or R.F.D. No. Rathdrum Prairie

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Martin Vesser

5. Date of Birth of Child (Month, day, year) Oct. 1, 1900

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Vesser

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Kentucky (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own Homestead

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion Bone Crockett

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that John Martin Vesser (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Vesser Signature

Route #1, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 42

(SEAL) E. McNaughton Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 24 1942 by Mabel Fuller, Registrar.

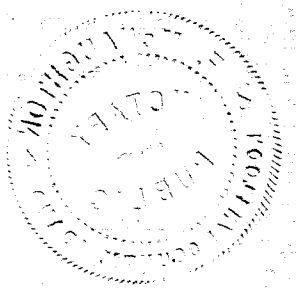
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942
OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331 227 006 695

357681

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Taylor. Idaho

4. FULL NAME OF CHILD Zella Mary Clark

5. Date of Birth of Child (Month, day, year) Nov 27 1900

6. Sex Female **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Terrell Clark
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Weber (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary A. Fielding
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Weber (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Eliza Jemmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Fanny Fielding Signature
Shelley, Idaho, RFD 1 P. O. Address

Subscribed and sworn to before me this 30th day of September, 19 42.
(SEAL) L. Rodgerson Notary Public, residing at Shelley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mark Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-224022-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357684
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years one months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville Ida.

4. FULL NAME OF CHILD Leora Adelia Barrett (married Garbett)
5. Date of Birth of Child (Month, day, year) Jan. 24. 1900
6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Arthur Barrett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Adelia Weatherman
17. Color or Race White
18. Age at time of THIS birth 2[illegible] yrs.
19. Birthplace Centerville (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Adelia Barrett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Now deceased ~~M.D.~~ Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. Loosli (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adelia Barrett Signature
308 S 8th Ave Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1942
(SEAL) Grace Bistline Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 5 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-23-029-557

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 5 - 1942

State File No. 357695

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latha (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latha
(c) City Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Deary

4. FULL NAME OF CHILD Selma Marie Magnusson

5. Date of Birth of Child (Month, day, year) March 31 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Martin Magnusson
11. Color or Race Syrede **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Nelson
17. Color or Race Norwegian **18.** Age at time of THIS birth yrs.
19. Birthplace Virginia Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lena Magnuson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Christina Dahlgren M.D. Midwife Address Deary, Idaho Date Oct. 3rd 1942

State of
County of } ss

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on OCT 5 - 1942 by Mabel McClure, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-107002-213

357711

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 5 - 1942. STATE OF IDAHO

State File No. 357711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home of mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Carl Amos Shaw

5. Date of Birth of Child (Month, day, year) Jan. 7, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ben Shaw
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mondamon (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Rebecca Bacus
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Holland (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Lincoln } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 69 years, and that Dr. Wetzel (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rebeca Austin Signature

Newport, Oregon P. O. Address

Subscribed and sworn to before me this 3rd. day of October, 19 42

(SEAL) [illegible] Notary Public, residing at Newport, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 26 (1944)

Received for filing on OCT 5 - 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-115026-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357713
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Ririe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 0 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Ririe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state Ririe, Ida.

4. FULL NAME OF CHILD Joseph Lawrence Ross

5. Date of Birth of Child (Month, day, year) Aug. 15, 1900

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 5th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Jackson Ross
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Payette (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Maria Christensen
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Resta (City or town) Dennmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Mrs. Hatton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christensen Maria Christensen Ross Signature

% Park Grocery, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of October, 19 42

(SEAL) Olga Ehlhaft Clerk of Probate Court Ing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 5 - 1942 by Mabel H. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-106-014-795

357761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) NAMPA, IDA,

4. FULL NAME OF CHILD ROBERT DONALD McKEE

5. Date of Birth of Child (Month, day, year) MAY 6, 1900

6. Sex MALE

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBERT CLARK McKEE
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace MARION CTY, PENN (City or town) (State or foreign country)
14. Exact Occupation HDW. MERCHANT
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLLIE MAUDE GIVENS
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace BOISE IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 years of age, that I have known this person for since birth years, and that Dr. Kohler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie Maude McKee Signature
619 So 5th St Las Vegas Nevada P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942

(SEAL) [signature] Notary Public, residing at Las Vegas Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires February 18, 1945.

Received for filing on OCT 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

APR 13 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354 204004 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357774
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) MONTPELIER - IDAHO

4. **FULL NAME OF CHILD** EVELYN CEDERLUND
5. Date of Birth of Child (Month, day, year) 10-4-1900
6. Sex FEMALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN ARVID CEDERLUND
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace GOTLAND (City or town) SWEDEN (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business HARDWARE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA LOUISA HOLMES
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MONTPELIER (City or town) - IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lak } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian C. Hansen Signature
49 So. 4th East. Salt Lake City Ut. P. O. Address

Subscribed and sworn to before me this 3d day of October, 1942

(SEAL) M Manning. Notary Public for Utah
Notary Public, residing at Salt Lake City, Utah
My Commission expires July 9, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 7 - 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217 11 70304 33

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Maurice Ralph Baxter

5. Date of Birth of Child (Month, day, year) October 17, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Everett Baxter
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Waldo County, Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane McCausland
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Lowell, Mass. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Dr. Kenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Jennie Willis Baxter Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1942.

(SEAL)

Notary Public, residing at Challis, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mary Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-203-014-455

357820

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 7 - 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell,
(c) Street Address or R.F.D. No. 302 So 12th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell, Idaho
(d) Street Address or R.F.D. No. 302 So 12th Ave
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louise Margaret Hollrich

5. Date of Birth of Child (Month, day, year) Nov. 3, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hollrich
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Oberweisenbach, Bavaria, Germany (City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Harness Maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Dennerline
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Atlanta, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jane Hollrich (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Hollrich Signature

..... P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942.

(SEAL) Kathryn E. Hartloff Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mina Feller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-227-029-437.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357894
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Golda, Rachel Hendricks

5. Date of Birth of Child (Month, day, year) 27-Dec-1900.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Le Roy Hendricks
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Frankfort, Ind. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Mae McGowen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Taylorville Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Doctor (First name) Scallon (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Fritzsche Signature

Seattle Wn. 4620 W. Lander P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL) Joseph M. Heeremy Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

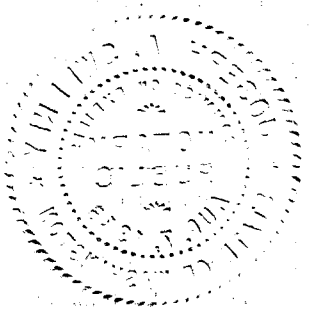
MAY 27 1966

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-112-010-993

357931

357931

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 12 1942

State File No. 357931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) ~~City~~ Village, Ammon
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Ida.

4. FULL NAME OF CHILD Cyrus Raymond Grow

5. Date of Birth of Child (Month, day, year) 1-12-1900

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cyrus Lot Grow
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Huntsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Sheepherder and farmer
15. Industry or Business Sheep and farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecilia Zitting
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Harrisville, now Far West, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. T. C. Willson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecilia Zitting Grow Heindel Signature

RFD#5, Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) Louise Keefer Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-22-29-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358008
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Palouse Pct.
(c) Street Address or R.F.D. No. RFD Palouse, Wn
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse Pct.
(d) Street Address or R.F.D. No RFD Palouse, Wn
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) 12 yrs

4. FULL NAME OF CHILD Genevieve Jones

5. Date of Birth of Child (Month, day, year) Oct. 21, 1900

6. Sex F **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME B. J. Jones
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Yadkin Co. (City or town) Nor Carolina (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Ellen Johnson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace State of Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 41 years, and that Dr. Whittaker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. J. Jones Signature
RFD Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942

(SEAL) Notary Public, residing at Palouse.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-113-029-818

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358061
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years 5 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida

4. **FULL NAME OF CHILD** Thomas Perry Easterbrooks

5. Date of Birth of Child (Month, day, year) Dec 13 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert M Easterbrooks
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Painted Post N.Y. (City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Sophoronia Hayes
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Edwardsville Ore (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Dr J K Conant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie S. Easterbrooks Signature

Bellingham Wash P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) Virgil Persinger Notary Public, residing at Bellingham Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mabel K Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1947

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-104-029-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) 19 yrs.

4. FULL NAME OF CHILD Archie Bruce Nichols

5. Date of Birth of Child (Month, day, year) JAN-4-1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Alonzo Nichols.
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace ELGIN. ILL (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Emily Downi
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace KERKERK IOWA. U.S.A (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 42 years, and that Nancy Downing (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lora Logan Signature
x 226 W 3rd Spokane Wash P. O. Address

Subscribed and sworn to before me this day of OCT 10 1942, 19

(SEAL) [signature] Notary Public, residing at Notary Public in and for the State of Washington, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865-117001-699

358127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Otis Winfred Hon

5. Date of Birth of Child (Month, day, year) 1-17-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lincoln Hon

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Mason work

15. Industry or Business Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Zella H. Wright

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Bath County, Virginia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. George Haley (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Zella Hon Wright Signature
Rt. 2 - Box 241 - Oakdale, Calif. P.O. Address

Subscribed and sworn to before me this 24 day of October, 1942.

(SEAL) R. S. Campbell Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

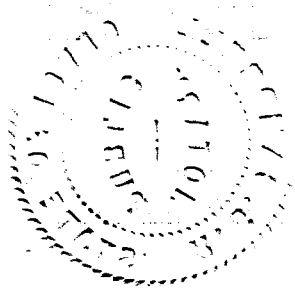
OCT 26 1942

FEB 18 1963
FEB 28 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



485-205008-593 358142

358142

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358142
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Centerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Centerville, Ida

4. FULL NAME OF CHILD Etta Fay Myers

5. Date of Birth of Child (Month, day, year) Dec. 5, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME W. Eldon Myers

11. Color or Race White **12.** Age at time of THIS birth 34 yrs.

13. Birthplace Gibbonville (City or town) Saskatchewan (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Vincent

17. Color or Race White **18.** Age at time of THIS birth 24 yrs.

19. Birthplace Pocatello (City or town) Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living. one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the foster mother and neighbor of the parents (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for nearly 42 years, and since birth, that R. M. Fairchild, (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia M Cooper Signature

2005 N. 19th St., Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942.

(SEAL) Leona B. Jones Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1963

OCT 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-231-025-395

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City near Whitebird
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Whitebird
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Geneva Audry Holbrook

5. Date of Birth of Child (Month, day, year) Mar. 31, 1900

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd Fifth

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Oscar Holbrook
11. Color or Race white, Amer
12. Age at time of THIS birth 33 yrs.
13. Birthplace near Roseburg, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Crea
17. Color or Race white, American
18. Age at time of THIS birth 29 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Mrs. M. K. Holbrook (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Holbrook Hansen Signature
RFD #2, Box 164, Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) Gertie Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mabel Fiddler, Registrar.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-122-014-498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. west of Nampa
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Charles Edward Ruse

5. Date of Birth of Child (Month, day, year) Jan.22.1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis M. Ruse
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lynchburg (City or town) Ohio (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business own business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Louise Dryden
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lynn Co. (City or town) Lynneus Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. Frederick S. Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. B. Ward Signature
Boise Idaho Box 2156 P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942

(SEAL) Earl E. Taverty Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-120-029-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No. ROUTE 2
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No. ROUTE 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HJALMER EMANUEL NELSON
5. Date of Birth of Child (Month, day, year) OCT 20 1900
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9MO
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EMIL NELSON
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace OSTMARK (City or town) SWEDEN (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WILHELIMA ANDERSON
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt — (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 — years of age, that I have known this person for ~~38~~ 42 years, and that Mrs Hoedal — (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Berggeist Signature
602-S-Grant-Spokane Wash. P. O. Address

Subscribed and sworn to before me this 15th day of October, 1942

(SEAL) Burton J. Onstine — Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 21 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-130-022-144

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 23 1942

State File No. 359420
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Raymond Charles Bowers

5. Date of Birth of Child (Month, day, year) Oct 30. 1900

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamine Chas Bowers.
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Lancaster, Penn. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Amelia Jump
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Indianapolis, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles. } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Middleton (Doctor) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Mabel Walter; Signature

5307-2nd Ave. Los Angeles, Calif. P. O. Address

My Commission Expires July 25, 1944

Subscribed and sworn to before me this 12th day of October, 19 42

(SEAL) Blanche W. Hall, Notary Public, residing at Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-216-003-219 359474 359474

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD IDA LUELLA HIGGINS

5. Date of Birth of Child (Month, day, year) Nov 16 1900

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Daniel Higgins
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Labor.
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Barney
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida May (First name) Woodruff (Last name) who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature dead years ago M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Rae Butterfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Woodruff Signature

P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942

(SEAL) V. J. Kasiska Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-218-036-284

359495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Treshwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home = Rural dry farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years no. months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Treshwaters = now called Treasureton
(d) Street Address or R.F.D. No. Rural -
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same -

4. FULL NAME OF CHILD Harriet Cordon

5. Date of Birth of Child (Month, day, year) Oct 18, 1900

6. Sex female **7.** Twin or Triplet No - If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Roland Cordon
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Shumway
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Mendon (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 10 dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas. Shumway Signature
Preston, Idaho - R4 P. O. Address

Subscribed and sworn to before me this 17 day of October, 1942

(SEAL) Ben H. Johnson Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-111-028-238

359524

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Mrs. Archie Dake.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Kootenai.
(c) City Harrison
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Idaho.

4. FULL NAME OF CHILD Benjamin Sylvester Lafferty Jr.

5. Date of Birth of Child (Month, day, year) Oct., IIth, 1900

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Sylvester Lafferty.
11. Color or Race Irish
12. Age at time of THIS birth 43 yrs.
13. Birthplace Shawneetown, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business Retail Groceries

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Wilhelmina Schwegmann.
17. Color or Race German
18. Age at time of THIS birth 30 yrs.
19. Birthplace Venna, Germany. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert B Lafferty Signature

Box 67, Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 19 42

(SEAL) ____ Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-20-4039-669

359538

United States Department of Commerce Bureau of the Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Effie Louise Mower

5. Date of Birth of Child (Month, day, year) 1-4-1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henery Mower
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth B. Workman Mower
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Springfield Ills. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 years, and that Mrs. Cornielies C. Workman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Mower Dyreng Signature
2524 Lincoln Ave Ogden P. O. Address

My Commission Expires Nov. 11, 1945

Subscribed and sworn to before me this 19th day of October, 19 42

(SEAL) Dean Cardon Notary Public, residing at Ogden, Utah, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mark Peterson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-130-029-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359543
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. Route 2 Box 16
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. Route 2, Box 16
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Dewey John Osterberg

5. Date of Birth of Child (Month, day, year) May 30, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Osterberg
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Johnson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 42 years, and that Mrs. August Lundgren (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Osterberg
Signature

Route 2, Box 16, Troy, Idaho
P. O. Address

Subscribed and sworn to before me this 19 day of October, 1942

(SEAL)

E. Brooke
Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mark Keeler, Registrar.

FEB 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-221-028-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Irene Mason

5. Date of Birth of Child (Month, day, year) May 21, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur James Mason
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Leroy (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gussie Gildermaster
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of California
County of Shasta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Mrs. McKeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Affidavit Enclosed Arthur J. Mason Signature
1561 Redding Calif. P.O. Address

Subscribed and sworn to before me this 23rd day of Oct., 1942

(SEAL) Edith J. Hill Notary Public, residing at Redding Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary Helfer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-111-025-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359586
Local Reg. No.
Reg. Dist. No.

OCT 17 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Harpster, Ida.

4. FULL NAME OF CHILD Lloyd Raymond Milot

5. Date of Birth of Child (Month, day, year) April 11, 1900

6. Sex Male

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Zebedie Milot

11. Color or Race white

12. Age at time of THIS birth 54 yrs.

13. Birthplace Three Rivers, (City or town) Canada (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Luella Morton

17. Color or Race white

18. Age at time of THIS birth 44 yrs.

19. Birthplace Philadelphia, (City or town) Pa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Dr. Chas. C. Busey (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis O. Milot Signature

Smeltervilla, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942.

(SEAL) Lam-Dompais Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1942 by Mabel Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-228-032-296

359630

United States
Department of Commerce
Bureau of the Census

OCT 16-1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lydia Elena Wilson

5. Date of Birth of Child (Month, day, year) 5-28-1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Wilson
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Brooks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Philadelphia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Midwife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Watson Wilson Signature
Gytharba Rt 1 - Box 420 P. O. Address

Subscribed and sworn to before me this 9 day of Oct, 1942

(SEAL) Addie Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C/65-218-001-985

359721

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Donnelly

5. Date of Birth of Child (Month, day, year) July 18, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Patrick Donnelly
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gilroy (City or town) California (State or foreign country)
14. Exact Occupation Turn Key at
15. Industry or Business State Penitentary

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edythe Mae Reel
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Thurman Iowa (City or town) (State or foreign country)
20. Exact Occupation Pharmacist-Rx
21. Industry or Business Drug Store

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Dr. George Collister (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mirbell Parker Signature
1401 N. 10th St. P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942 Boise
(SEAL) Marion E. Ware Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by [illegible] Registrar.

NOV 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-110-007-691

359780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 612 No. Johnson St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 612 No Johnson St.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ivan Rupert Richardson

5. Date of Birth of Child (Month, day, year) Sept. 10,1900

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Richardson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Slaterville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming & UP R.R. Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Francis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Promintory, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. A. J. Galbraith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Francis Richardson Signature

Inkom, Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of October, 1942

(SEAL) [signature] Notary Public, residing at Inkom, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section. 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

247-117-029-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Street
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: 8 years
IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Charles Roy Sullivan

5. Date of Birth of Child (Month, day, year) Nov. 17, 1900

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Sullivan
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Decater (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Erna Bolivar
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas City Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. Gritman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula E. Sullivan Signature
Twin Falls Idaho R-1 P. O. Address

Subscribed and sworn to before me this 2 day of November, 1942

(SEAL) Betty Leonard Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1942

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-22P-028-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. 17 yrs
(e) How long has **MOTHER** lived in Idaho? Harrison yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Estella Matilda McFadden

5. Date of Birth of Child (Month, day, year) May 28 1900

6. Sex Female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hamilton J. McFadden
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Atumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mary Eads
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace McMinnville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) All deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Woodland
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that John J. Busbee (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha S Chutz Signature

Woodland Washington P. O. Address

Subscribed and sworn to before me this 26 day of October, 1942

(SEAL) Amos O Buker Notary Public, residing at Woodland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-223-095-315

359871

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359871
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Nez Pierce
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Nez Pierce Idaho

4. FULL NAME OF CHILD Clara Belle Johnson

5. Date of Birth of Child (Month, day, year) 2-23-1900

6. Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christopher Campbell Johnson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Near Cottage Grove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A. Land
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Clay County (City or town) Georgia (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2-23-1900 M. on the date and at the place stated above, and that personal particulars were furnished by Martha A. Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Susie Johnson M.D. Midwife Address Washington state Date

State of Washington } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Susie Johnson (First name) (Last name), who attended this birth, is in the state of Washington (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha A. Johnson Signature

Bradenton, Fla. P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942.

(SEAL) Ethel S. Eastering Notary Public, residing at Bradenton, Fla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Notary Public, State of Florida at large, My commission expires Sept. 21, 1946. American Surety Co. of N.Y.

Received for filing on JUL 1 1942 by Mark Miller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I, Susie Johnson, do declare that I was the only attendant present at the birth of my niece, Clara Johnson, bron February 23rd, 1900, to Martha Ann Johnson and Campbell Christopher Johnson, on their farm near Nez Perce, Idaho. The birth was not recorded.

Susie Johnson

Subscribed and sworn to before me this 6 day of April, 1942.

My commission expires 2-20-1944

Notary Public

NOV 1 0 1942

793-213029493

United States
Department of Commerce
Bureau of the Census

NOV 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359935
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Cora PO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 3 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cora PO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora Ida

4. **FULL NAME OF CHILD** Inez Ethel Gilmore
5. Date of Birth of Child (Month, day, year) 1-13-1930
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Milton Gilmore
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Rexford (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Ellis Miller
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Cora (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Mont
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. Gilmore Signature
Whitefish Mont P. O. Address

Subscribed and sworn to before me this 30 day of Oct, 1942

(SEAL) Thomas Stacy Yates Notary Public, residing at Whitefish Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

U. S. Commissioner, Whitefish, Montana
My commission expires June 27, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359947
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Fred Metzgus

5. Date of Birth of Child (Month, day, year) Sept. 6-1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustav Eduoard Metzgus
11. Color or Race German
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation sheet metal & plumbing
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Maud Blackmon
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Taylorsville, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Curry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Caroline Metzgus (First name) (Last name), who attended this birth as midwife (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Carrie Metzgus Signature
Pistol River, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Oleta A. Walker - Co. Clerk Curry County - Oregon Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360187
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leona Pearl Chapman
5. Date of Birth of Child (Month, day, year) March 20, 1900
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Eugene Chapman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Chelsea (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Huskey
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace ? (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wallowa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Dr. Robinson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Eugene Chapman Signature
Joseph Oregon P. O. Address

Subscribed and sworn to before me this 27th day of October 1942

(SEAL) Max Wilson Notary Public for Oregon
NOTARY PUBLIC FOR OREGON
My Commission Expires Sept. 11, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho.

4. **FULL NAME OF CHILD** Hilma Eugena Anderson

5. Date of Birth of Child (Month, day, year) Oct. 5, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernst Anderson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hedje (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Samuelson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Skepplanda (City or town) Sweden (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above that I am now 76 years of age, that I have known this person for all her life years, and that Mrs Pete Norda (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilde Anderson Signature

Troy Idaho P. O. Address

Subscribed and sworn to before me this 13 day of November, 1942

(SEAL) [illegible] Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel Thelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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360252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360252
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Castle Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City "at Home" Castle Creek P.O
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Wilma Henrietta (June) Evans
5. Date of Birth of Child (Month, day, year) 6-17-1900
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Wm Dilworth Evans
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace San Bernardino California (City or town) (State or foreign country)
14. Exact Occupation Farmer - Stockman
15. Industry or Business Sheep - Cattle - Horses

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Louisa Riley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Davids Island New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Ellen (First name) Cook (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs (W.D.) Lillian Louisa Riley Evans Signature
724 - 13th Ave So Nampa Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November, 1942

(SEAL) [signature] Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census Wash.

(Be sure the information is as of date of birth of THIS child)

NOV 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360294
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Coupon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Coupon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Charles C. Criss

5. Date of Birth of Child (Month, day, year) 12-20-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Criss
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Lithuania (State or foreign country)
14. Exact Occupation General Mdse Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Jermuloski
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace (City or town) Lithuania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 42 years, and that Dr. Brown (First name) (Last name), who attended this birth incapacitated - paralyzed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Criss Signature

3115 S W First Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of Oct., 1942

(SEAL) C R Deagle Notary Public for Oregon

My commission expires Dec. 8, 1944

Notary Public residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1942 by Mabel Fuller, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-218028-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360349

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d' Alene

(c) Street Address or R.F.D. No. Gen. Del.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 34 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Coeur d' Alene

(d) Street Address or R.F.D. No. Gen. Del.

(e) How long has **MOTHER** lived in Idaho? 8 years yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene

4. FULL NAME OF CHILD Eugenie La Belle

5. Date of Birth of Child (Month, day, year) Sept. 18 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Pascal La Belle

11. Color or Race White

12. Age at time of THIS birth Unknown yrs.

13. Birthplace Minneapolis (City or town) Minn. (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addelle Lambert

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Unknown (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 42 years, and that Midwife (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Le LaBelle Signature

1617 W. Holden street Seattle P. O. Address

Subscribed and sworn to before me this 12 day of November, 19 42

(SEAL) Ralph M Bellinger Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-113-036-799

360400

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360400
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City ~~Idaho~~ Malad
(c) Street Address or ~~R.F.D.~~ P.O. No. Box 83
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or ~~R.F.D.~~ No. PO Box 83
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Ida

4. **FULL NAME OF CHILD** John Victor Williams

5. Date of Birth of Child (Month, day, year) June 13 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George J Williams
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malad (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Griffin
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Clarkston Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mary A. Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie G. Williams Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of November, 1942

(SEAL) Jas. B. Jones Notary Public, residing at Malad Cy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 24 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-111001-239

360422

360422

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360422
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. R.R. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. R.R. #1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle, Idaho.

4. FULL NAME OF CHILD William Wade Carpenter

5. Date of Birth of Child (Month, day, year) Feb 11 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Robert Carpenter
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Schenectady (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Stevenson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Mariposa (City or town) Calif. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Carpenter (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 42 years, and that Addie (First name) Breshears (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Carpenter Signature

Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 19 42

(SEAL) Dorothy M. Young Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-016-036-819

361486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City or Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Laura LaVern Gilbert

5. Date of Birth of Child (Month, day, year) 16 Feb. 1900

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Gilbert
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Grafton (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Harris
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Hugglescote (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 47 years, and that Dr. C. A. Canfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H Gilbert Signature
Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942.

(SEAL) J. A. Jordan Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1962

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-110-040528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Frasier
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Residence of Mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Frasier
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Frasier Idaho

4. **FULL NAME OF CHILD** August Delbert Reed

5. Date of Birth of Child (Month, day, year) 8-10-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen A. Douglas Reed
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Del. County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Mail Carrier

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta May ~~Reed~~ Eby
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marrion (City or town) Marrion Co. Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Louis Reed (First name) M.D. (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Etta May Reed Signature

Route 1 Box 327 Salem Oregon P. O. Address

Subscribed and sworn to before me this 26 day of September, 1942

(SEAL) A. Bostrack Notary Public, residing at Salem, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-108-029-316

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) ~~City~~ P.O. Russel
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) ~~City~~ P.O. Russel
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) 47

4. FULL NAME OF CHILD Thomas Clair Clark

5. Date of Birth of Child (Month, day, year) Sept. 8, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank A. Clark
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Livestock and grain

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola LaFollette
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Deer Lodge Co. Pioneer-Mont, (City or town) (State or foreign country) (New Chicago)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that Mrs. George Wells (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frank A Clark Signature

Pinsko, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of November, 1942

(SEAL) R N McCoy Notary Public, residing at Hailey Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by [illegible], Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-206-006-815

361661

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) ~~Street Address~~ or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) ~~Street Address~~ or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Blackfoot Idaho

3. RESIDENCE of FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Elna Amelia Murphy

5. Date of Birth (Month, day year) Jan. 6, 1900

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Dan Murphy	16. FULL MAIDEN NAME Josephine Hansen
11. Color or Race White 12. Age at time of THIS birth 26 yrs.	17. Color or Race White 18. Age at time of THIS birth 24 yrs
13. Birthplace Ophir (City or town) Utah (State or foreign country)	19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 30 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Hansen Murphy, being first duly sworn, say that I am Related to (Related to (or) acquainted with) ELNA AMELIA MURPHY (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sessions (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Hansen Murphy Signature
431 S. 9th Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of November 1942
(SEAL) Grace Bistline Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815-108-003-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oneida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oneida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Oneid

4. FULL NAME OF CHILD Chris Hans Hansen
5. Date of Birth of Child (Month, day, year) May 1, 1900
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chauncey Emasa Hansen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Edith Stowe
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Midwife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chauncey Emasa Hansen Signature
1521 N. Rose St. Portland Oreg. P. O. Address

Subscribed and sworn to before me this 12th day of November, 1942

(SEAL) [signature] Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by [signature], Registrar.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 10, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending ~~physician~~ or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-110-003-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 910 N Lincoln
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 910 N Lincoln
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Theodor Paul Wrensted

5. Date of Birth of Child (Month, day, year) 3/10/1900

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Thorval Wrensted
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Frederikshaven, Denmark (City or town) (State or foreign country)
14. Exact Occupation policeman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Margrethe Rasmussen
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Bellenga Mark, Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr. (First name) Castle (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Margrethe Wrensted Signature

Crystal, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of November, 19 42

(SEAL) C. E. Tydeman Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-123-016-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361744

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No. same
(e) How long has **MOTHER** lived in Idaho? 18 & 2 yrs.

3. RESIDENCE OF FATHER (city, state) Malta Idaho

4. FULL NAME OF CHILD Raymond Arthur Scott

5. Date of Birth of Child (Month, day, year) July 23 1900

6. Sex MALE Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Middleton Scott
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Estella Long
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Maggie Scott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of CASSIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that MARY ANN LOUNSBURY (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maggie E. Scott Signature

Malta P. O. Address

Subscribed and sworn to before me this 28 day of November, 19 42

(SEAL) Mary Thompson Notary Public, residing at Malta, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-206-022-483

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361753
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No. Lewisville P.O.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No. Lewisville P.PO
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Ida.

4. FULL NAME OF CHILD Leith Leavoun Selck

5. Date of Birth of Child (Month, day, year) Sept. 6, 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Walter Selck
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Camas, (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Myler
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Clarkston, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Harriett Dabell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. W. Selck Signature
Menan, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) Basta E. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

JAN 24 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-112 0026-391

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361898
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 7 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan, Ida.

4. **FULL NAME OF CHILD** Leland Ray Baugh

5. Date of Birth of Child (Month, day, year) 12-12-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Craig Jackson Baugh
11. Color or Race White
12. Age at time of THIS birth 28½ yrs.
13. Birthplace Booneville (City or town), Missouri (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business Drug Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Crandall
17. Color or Race White
18. Age at time of THIS birth 22½ yrs.
19. Birthplace Washington D. C. (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 41 5/6 years, and that Craig Jackson Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crandall
Signature

Emma Crandall, R. F. D. #4, Murray, Utah.
P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) My Commission Expires May 7, 1944

Notary Public, residing at Murray, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by [illegible], Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-212-009-536

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361913
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida

4. FULL NAME OF CHILD Zenobia Orel Harris [redacted]

5. Date of Birth of Child (Month, day, year) Nov. 12-1900

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Leftridge Harris
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Sarah Elwood
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Albion, New York State (City or town) (State or foreign country)
20. Exact Occupation Housewife - Kept boarders
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (4)

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of [illegible] }

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that [illegible] (First name) [illegible] (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[illegible] Signature
Rock Port, California P. O. Address

Subscribed and sworn to before me this 2[illegible] day of November, 19 42

(SEAL) [illegible] Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 7-7-44.

Received for filing on DEC 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

FEB 22 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/9-214-028-818

361963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 7 1942 STATE OF IDAHO

State File No. 361963
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kooteni
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) 5

4. **FULL NAME OF CHILD** Katherine Marlin, [redacted]

5. Date of Birth of Child (Month, day, year) Oct. 14, 1900

6. Sex female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter T. Marlin
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Tampa (City or town) Florida (State or foreign country)
14. Exact Occupation Livery stable
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Evans Haynes
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Balco (City or town) Mo. (State or foreign country)
20. Exact Occupation Homekeeper & Reg. Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that John (First name) T. Busby (Last name) M.D., who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben S Thompson Signature

Harrison Idaho P. O. Address

Subscribed and sworn to before me this 24 day of November, 19 42

(SEAL) M A Kiger Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-208-036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362071
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Onieda (b) City Samaria
(c) Street Address or R.F.D. No. Idaho.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years one months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Now Deceased

4. **FULL NAME OF CHILD** Hortense Evans

5. Date of Birth of Child (Month, day, year) Oct, 8, 1900

6. Sex Female

7. Twin or Triplet

If so, born 1st, 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David B Evans
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Williams
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Samaria Idaho (City or town) (State or foreign country)
20. Exact Occupation House'Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 42 years, and that Mrs Mary A. Reese (First name) (Last name), who attended this birth Is now decesed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Evans Snyder Signature

Arbon, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942.

(SEAL) M B McClane Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-101-036-144

362092

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City American Falls
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City American Falls
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leslie Comador Grove

5. Date of Birth of Child (Month, day, year) Apr. 1, 1900

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Grove
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Edinburgh (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maude Judd
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Centerville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of El Dorado } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Mrs. Tom Kollup (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude Grove Signature

Box 10, Garden Valley, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942

(SEAL) Oneda Jane LeBourveau Notary Public, residing at Placerville, El Dorado Co., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-2 07-044-394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362134
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mother, Mrs. J.X. Timmins
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Anna May Tremblay

5. Date of Birth of Child (Month, day, year) May 7, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Paul Tremblay
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lovelocks, Nev. (City or town) (State or foreign country)
14. Exact Occupation Farmer - Well Driller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Rose Timmins
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Jordan Valley (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Daugherty (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Mary Ellan Daugherty M.D. Midwife Address Date 12/7/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Lassen } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) aunt of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 42

(SEAL) E. B. Coffin Notary Public residing at Susanville, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910 Idaho Code Annotated) Com. expires 3/14/43

Received for filing on DEC 14 1942 by Mabel Teller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-211-007-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362151
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Moore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Moore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore, Idaho

4. **FULL NAME OF CHILD** Olive Maud Powell

5. Date of Birth of Child (Month, day, year) Feb. 11, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Powell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Emma Matthews
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive ~~or dead~~) at 8:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maud Emma Powell (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs. Tom Ferguson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Emma Powell Signature

1528 Rose Ave. Long Beach, California P. O. Address

Subscribed and sworn to before me this 4th day of December, 19 42

My Commission Expires March 28th, 1944

(SEAL)

J. A. Swift Notary Public, residing at Long Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary F. Felder, Registrar.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314.102-025-312

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362174
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. XX
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Homer Mandeville Campbell

5. Date of Birth of Child (Month, day, year) Dec. 2, 1900

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alden Campbell
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cherry Valley, Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Pearl Eastman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ____ years, and that Dr.---Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Pearl Campbell Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of November, 1942

(SEAL) I. R. Bothwell Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-127-041-643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Alma Abel Kunz

5. Date of Birth of Child (Month, day, year) April 27, 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Kunz
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairyman and farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Wutrich
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Bern, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that Lavina Drake (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J H Kunz Signature

Victor, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 1942

(SEAL) Shelley H Atchley Notary Public, residing at Driggs, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Maud F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-126-201-261

362180

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3.5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Frank J. Hart.

5. Date of Birth of Child (Month, day, year) June 26, 1900

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Franklin Hart
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Morgan Co. (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma J Swander
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Caldwell Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. ~~I HEREBY CERTIFY That I attended the birth of this child, who was~~ (Born alive, stillborn) ~~at~~ ~~M. on the date and at the place stated above, and that personal particulars were furnished by~~ (First name) (Last name), ~~who is related to this child as~~ E J Hart, Mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA. }
County of San Bernardino. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J Hart Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of December, 19 42

(SEAL) F A Kerr Notary Public, residing at San Bernardino.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) My Commission Expires June 26, 1945

Received for filing on DEC 16 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-223-028-665

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362194
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Prvate Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma Fern Sullivan

5. Date of Birth of Child (Month, day, year) 8/23/1900

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Yes 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude L. Sullivan
11. Color or Race American 12. Age at time of THIS birth 22 yrs.
13. Birthplace Mason Ville (City or town) Iowa (State or foreign country)
14. Exact Occupation Comon Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luzziaetta Owens
17. Color or Race American 18. Age at time of THIS birth 19 yrs.
19. Birthplace Yacakama (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Claude L. Sullivan (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho, County of Owyhee, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Nellie Mathews (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude L Sullivan Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of December, 19 42

(SEAL) Milo Aplen Notary Public, residing at Murphy, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mark Taylor, Registrar.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551 223004 767

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362227
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Raymond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Raymond.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Raymond, Ida.

4. FULL NAME OF CHILD Merlyn Evans

5. Date of Birth of Child (Month, day, year) 8/23/1900

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Alvin Evans
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Kaysville, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer & stockraiser.
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Pope
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Garden City, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None I believe.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life. years, and that Jane Sparks, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Alvin Evans Signature

Raymond, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of December, 1942

(SEAL) Chas Evans Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Weeks, Registrar.

SEP 8 1965

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

138-217030-239

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City GIBBONSVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City GIBBONSVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD CECILE MARGARET ACHORD

5. Date of Birth of Child (Month, day, year) AUGUST 17, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN BAKER ACHORD
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace ARCOLA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE STINSON
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace OBRIAN COUNTY, (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Stinson Achord Signature

GIBBONSVILLE, IDAHO P. O. Address

Subscribed and sworn to before me this 30th day of NOVEMBER, 19 42.

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mark Keeler, Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-119-029-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Garland Scott Palmer

5. Date of Birth of Child (Month, day, year) Sept 19, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milo Bennett Palmer

11. Color or Race White **12.** Age at time of THIS birth 46 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine G. Coffey

17. Color or Race White **18.** Age at time of THIS birth 34 yrs.

19. Birthplace Colorado (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Mary Palmer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie May Hickman Signature
Farmington, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 42

(SEAL) Notary Public, residing at Farmington, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-122-001-652 383369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 28 years 5 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD J Lloyd Packenham
5. Date of Birth of Child (Month, day, year) 1900 Jan 22
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Chester H Packenham
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Clarinda (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Olive West Packenham
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester H Packenham Signature
Boise P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) [signature] Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 9/19/46

Received for filing on DEC 28 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 8 1942

MAY 25 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-164-077-693 363393 363393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363393
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City

4. FULL NAME OF CHILD FREDERIC C. GERLING

5. Date of Birth of Child (Month, day, year) March 4, 1900

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick A. Gerling
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Celilo, Oregon (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Williams
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Eureka, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Dr. John S. Meyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Gerling Reward Signature

Route 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 42.

(SEAL) Clara L. McFarlane Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Maud F. Elder, Registrar.

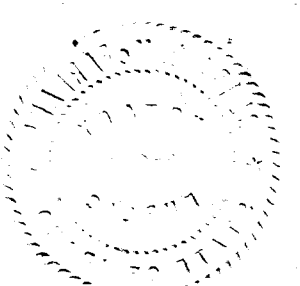
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-227003-693

363394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363394
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** OMA PERRY BLANCHARD

5. Date of Birth of Child (Month, day, year) April 27, 1900

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clayton Albert Blanchard
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace White Plains (City or town) Missouri (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Williams
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Eureka (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Dr. Galbraith (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Gramley Edmond Signature

Route 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) Clara L. McFarlane Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Mary Fields, Registrar.

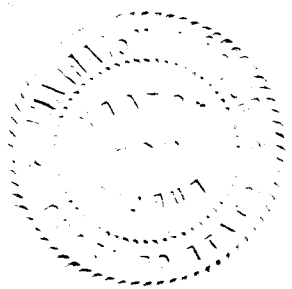
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251-101-029-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 1/2 years — months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 13 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Frank Hartwell Sibly Beames

5. Date of Birth of Child (Month, day, year) March 1st 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Milton Beames
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace New London (City or town) Iowa (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business Dry Goods Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie McGaffey
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Beames (Last name), who is related to this child as father & own knowledge (Mother, etc.)

25. Attendant's **OWN** signature Mary D. Cacofan Midwife Address 506-11th Seattle Wash Date 12-17-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel F. Elsfere, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-21025-815

363578

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. (rural)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood, Ida.

4. FULL NAME OF CHILD Ross Ellen George

5. Date of Birth of Child (Month, day, year) March 12 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chesly Turner George

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Princeton (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Catherine Yandell

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Joplin (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Dr. Russell (First name) Truitt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Catherine George Signature

Route 1, Box 413, Kent, Washington P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942

(SEAL) Elena Holland Notary Public, residing at Kent

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9104 Idaho Code Annotated)

Received for filing on DEC 31 1942 by Mabel McLeod, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-119028 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363625
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Charles Lloyd Rose

5. Date of Birth of Child (Month, day, year) Febr. 19, 1900

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ye

FATHER OF CHILD

10. **FULL NAME** Joseph Lewis Rose
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Fine
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At ~~time of birth~~ and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ---- M. on the date and at the place stated above, and that personal particulars were furnished by Affiant (First name) (Last name), who is related to this child as an older sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 42 years, and that unknown (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. May Breen Signature
211 4th. Ave. S.W. Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942.

(SEAL) Rea W. Edgerton Notary Public, residing at Puyallup said County.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel Keller, Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/2-212022-155

363652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No. St. Anthony #3
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No. St. Anthony, #3
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Egin, Idaho

4. FULL NAME OF CHILD Mildred Margarete Mason

5. Date of Birth of Child (Month, day, year) Oct. 12, 1900

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward Mason

11. Color or Race White- Am.

12. Age at time of THIS birth 32 yrs.

13. Birthplace Croyden, Morgan Co. Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Jenkins

17. Color or Race White-Am.

18. Age at time of THIS birth 27 yrs.

19. Birthplace Ogden, Utah (City or town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred H. Mason Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) E. Rumsey Clerk of District Court. Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

JUN 14 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 432-114012-319

363669

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Howe, Idaho

4. FULL NAME OF CHILD John Edward McKinley

5. Date of Birth of Child (Month, day, year) Dec. 14, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas McKinley
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Green River (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Larson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Camas, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Mrs. Katherine Larson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose McKinley Signature

Arco, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) [illegible] Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-206036-693

363713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Catharine Rebecca Hill

5. Date of Birth of Child (Month, day, year) 2-6-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hill
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Williams
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Gwenford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Mary Ann Dudley (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary J Hall Signature
Clerk of the District Court
Daniels, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of September, 1942

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-203036-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eunice Ethel Simpson

5. Date of Birth of Child (Month, day, year) April 3rd 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Simpson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Leicester (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sena Fredrickson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Trenton (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Elizabeth (First name) Clarke (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sena Fredrickson Simpson Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me this 31st day of July, 1942
(SEAL) Thomas Preston Notary Public, residing at Weston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

56-121-035-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363931
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida

4. FULL NAME OF CHILD Robert A. Jewell

5. Date of Birth of Child (Month, day, year) Feb. 21, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William L. Jewell
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Zanesville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Vinson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cambridge, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 42 years, and that Mrs. Olsen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilfred Jewell Signature
Forest Grove, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of December 19 42.

(SEAL) ____ Notary Public, residing at FOREST GROVE ORE.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1943 by ____, Registrar.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261 221 029 967

363937

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 13 1943

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Mary Josephine Swager

5. Date of Birth of Child (Month, day, year) May 21, 1900

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Silas Shaw
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Guthrie County (City or town) Iowa (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Grant Rogers
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Macon City (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 42 years, and that Mrs. (First name) Carrithers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie McCarty Signature

Kelso Wash. P. O. Address

Subscribed and sworn to before me this 11th day of January, 1943.

(SEAL) B. F. Kenyon Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1943 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-129-003-544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford Idaho

4. FULL NAME OF CHILD Glover William Hopson

5. Date of Birth of Child (Month, day, year) Sept. 29, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William G. Hopson
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Louisville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Edmunds
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Louisville (City or town) Kentuvky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Dr. Emery (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank T Merrill Signature

183 N 1 E Preston, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of January, 1943

(SEAL) Zan Marshall Notary Public, residing at Preston Ido

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-5-1943 by Effie W. Brewer, Registrar.
Mabel L Edder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-229037 259

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364078
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson, Idaho

4. FULL NAME OF CHILD Mary Almeda Gifford (Name)

5. Date of Birth of Child (Month, day, year) April 29, 1900

6. Sex Female

7. Twin or Triplet nil If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben J. Gifford
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Milton, Vermont (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda J. Bernard
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife to Farmer
21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Ada P. Bernard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben J. Gifford Signature

#703-12th Ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) Donald C. Patten Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 115028 257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365329
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home of Mrs. Anna Sexton
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida

4. FULL NAME OF CHILD Halden Dillard Walker
5. Date of Birth of Child (Month, day, year) Sept. 15, 1900
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Halden Dillard Walker
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Drugstore and Cafe

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Sexton
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the great aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 42 years, and that Dr/ Busby (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature

Farmington, Washington P. O. Address

Subscribed and sworn to before me this day of January, 1942

(SEAL) [signature] Notary Public, residing at Farmington

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-211040-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Elizabeth Feroglio
5. Date of Birth of Child (Month, day, year) Sept. 11-1900
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eligio Feroglio
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Turin (City or town) Italy (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Berruto
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Turin (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of CONTRA COSTA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that NAME UNKNOWN (First name) (Last name), who attended this birth REPORTED DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Otto Berruto Signature
4126 OVEREND AVE. RICHMOND CALIF. P. O. Address

Subscribed and sworn to before me this 8TH day of JANUARY, 1943

(SEAL) H Plate Notary Public, residing at RICHMOND, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

APR 13 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-111006-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Milo
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Milo
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Milo, Idaho

4. FULL NAME OF CHILD Elam Wolen Huffaker

5. Date of Birth of Child (Month, day, year) March 11, 1900

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Welby Richardson Huffaker
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Murry (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Elizabeth Allen
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho, County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Mrs. George Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature: Julia Elizabeth Huffaker
Route #1, Idaho Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of November, 1942.

(SEAL) H. B. Lemmon, CLERK OF THE DISTRICT COURT By Lillie Kelly, Deputy — Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

JAN 24 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-224 021-155

365389 365389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365389
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Fairwiew Idaho

4. FULL NAME OF CHILD Florence Francis Taylor

5. Date of Birth of Child (Month, day, year) 8-24-1900

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd first **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Yancy Taylor
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda May Jensen
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Maria Maughn (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Downey Idaho
P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL) H B Olsen Justice of the Peace, residing at Downey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 6 1943 by Mary F Olsen, Registrar.

FEB 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-202025-714

365399 365399

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365399

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Grangeville

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Pearl Irene Good

5. Date of Birth of Child (Month, day, year) October 2, 1900

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jackson Good

11. Color or Race White **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Telitha Paul

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Dayton, (City or town) Washington (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that unknown midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arlin D. Good Signature

Box 813 Mullan, Ida. P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943

(SEAL) Notary Public residing at MULLAN, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires March 15, 1944.

Received for filing on FEB 8 1943 by Mary [illegible], Registrar.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 107 002 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idao (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14yr yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Charles Joseph Whiteley
5. Date of Birth of Child (Month, day, year) 11-7-1900
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Wilburn C. Whiteley
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Houston, Tex. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Belle Kimball
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lincoln Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Harriet Bickerstaff (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilburn Chapler Whiteley Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of January, 1943

(SEAL) M. C. Franklin Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 9 1943

APR 1 5 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star, Idaho.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Luther Joel Deck

5. Date of Birth of Child (Month, day, year) Oct. 23, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Deck
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Stanford (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Carman
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oreg. } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for since Oct 23-19 years, and that Dr. (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 13th day of June, 1942

(SEAL) H. C. Mecham Notary Public, residing at Jacksonville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires February 10, 1943

Received for filing on JAN 30 1943 by Mark H. Upton, Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-101 014 816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365533
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Lynn Murray Barrett
5. Date of Birth of Child (Month, day, year) August 1, 1900
6. Sex Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Barrett
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Platteville (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Harness maker
15. Industry or Business Harness maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Ann Haworth
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Eldora (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Billups (Last name), who is related to this child as maternal aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. (First name) Loder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary BILLUPS Signature
260 Second Avenue San Francisco, California P. O. Address

Subscribed and sworn to before me this 30 day of January, 1943

Comm. Expires Nov 24th (SEAL) 1946 Catherine Feerick Notary Public, residing at 5136 Geary San Francisco Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 30 1943 by Mabel F. Elsfer, Registrar.

...on in completing this certificate. Mail COMPLETED certificate to Bureau of Vital Statistics, Boise, Idaho, for filing. No ... advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F. No. 1215

STATE OF CALIFORNIA }
City and County of San Francisco } ss.

I, H. A. van der Zee, County Clerk of the City and County of San Francisco, State of California, and ex-officio Clerk of the Superior Court thereof (the same being a Court of Record, having by law a seal), being the officer authorized by the laws of said State of California to make the following certificate, DO HEREBY CERTIFY: That

Catherine Frellick

whose name is subscribed to the Jurat, Affidavit, or Certificate of the Proof or Acknowledgment of the annexed instrument, was, at the time of taking the same, a Notary Public in and for said City and County of San Francisco, residing therein, duly commissioned, qualified and sworn and duly authorized by the laws of said State of California to take Jurats, Affidavits, and the Acknowledgments and Proofs of Deeds or Conveyances for lands, tenements or hereditaments in said State, to be recorded therein.

I further certify that I am well acquainted with the handwriting of said Notary Public and verily believe that the signature to said Jurat, Affidavit, Acknowledgment or Certificate is genuine, and that the said instrument is executed or acknowledged according to the laws of said State of California. Further that I have compared the impression of the seal affixed thereto with a specimen impression thereof deposited in my office pursuant to law, and that I believe the impression of the seal upon the original certificate is genuine.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court.

Dated: JAN 30 1943

H. A. van der Zee
Clerk.

155-215021 269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365576
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state Preston, Ida.

4. FULL NAME OF CHILD Malinda Bertha Jensen

5. Date of Birth of Child (Month, day, year) Oct. 15, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christen Jerman Jensen
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Harny (City or town) Denmark (State or foreign country)
14. Exact Occupation Contractor and Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kristine Maria Sorensen
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Harny (City or town) Denmark (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Mrs Swann (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christen Jerman Jensen Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of February, 19 43

(SEAL)

Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1943 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365618
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Harold Paul Roche

5. Date of Birth of Child (Month, day, year) 11-25-1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philippe Raul Roche
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Warsaw (City or town) Illinois (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Haman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ft. Worth (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that Dr. Whitsell (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Chase Dykes Signature

817 Bedford, Los Angeles, California P. O. Address

My Commission Expires April 14, 1945

Subscribed and sworn to before me this 1st day of February, 1943

(SEAL) Frances C. Wendell Notary Public, residing at Hermosa Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1943 by Mabel Felder, Registrar.

FEB 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

292-217028-243

365661

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Sand Point
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City San Diego
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point Idaho

4. **FULL NAME OF CHILD** Hester Geneveria Sisson

5. Date of Birth of Child (Month, day, year) 3-17-1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Esery Sisson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mondovi (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Mercy Butterfield
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Dunn Co. (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Mae (First name) Adams (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for Since Birth years, and that Mrs Jim (First name) Stout (Last name) Mid wife who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mae Adams Signature

1811 Granada St San Diego Cal. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL) Kathryn M. Redding Notary Public, residing at 1770 Fourth Ave. San Diego, Calif.

My Commission Expires Aug. 4, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mabel F. Elder, Registrar.

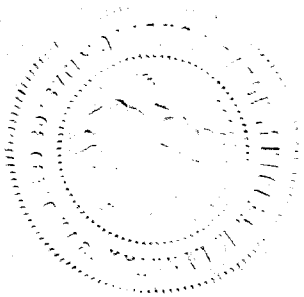
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914 119 001 418 365710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365710
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 905 W.S. Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 905 W.S. Ave
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raymond John Ramsey
5. Date of Birth of Child (Month, day, year) July 19-1900
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy full term
9. Legitimate? yes.

FATHER OF CHILD
10. **FULL NAME** John Ramsey
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Mo (State or foreign country)
14. Exact Occupation Owner of Boise Stone
15. Industry or Business Quarry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Bell Maynard
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11.45 P M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Ramsey (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 42 years, and that Dr. Haley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Ramsey Signature
P.O. Address

Subscribed and sworn to before me this 16th Feb. 1943 day of 912 - E. State 19
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 16-1943 by Maud F. Edder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-210 007-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365741
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Perthainia ~~XXXXXXXX~~ Milicent Poole
5. Date of Birth of Child (Month, day, year) May 10, 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Huthnance Poole
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Cornwall, England. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Werry
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sharonee, Ohio. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Mrs Esther (First name) Werry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Ann Poole Kinrade Signature
Contact, Nevada. P. O. Address

Subscribed and sworn to before me this 29th day of January, 1943

(SEAL) E Bollschw[illegible] Notary Public, residing at Wells, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary [illegible], Registrar.

Commission Expires Apr. 14, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

-917-127
008-319

United States Department of Commerce
Bureau of the Census

State File No. 365747
Local Reg. No.
Reg. Dist. No.

AMENDED

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

November 8, 1946

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years 1 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Garden Valley

4. FULL NAME OF CHILD Mathais Augustus Zapp

5. Date of Birth of Child (Month, day, year) November 27, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mathais Augustus Zapp
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Frances Carrigan
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Boise }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Mrs. John McBride, Nurse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie F. Zapp — Signature
Idaho City, Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 43

(SEAL) Katherine M. Brogan, District Court, Notary Public, residing at Idaho City, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 8, 1943 by Mabel F. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365747

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 1 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Garden Valley, Ida.

4. FULL NAME OF CHILD Mathias Peter Zapp

5. Date of Birth of Child (Month, day, year) 11-27-1900

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mathias Augustus Zapp
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Frances Carrigan
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 42 years, and that Mrs. John McBride, Nurse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie F Zapp Signature

Idaho City Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1943

(SEAL) Katherine M. Troyan, Clerk District Court Notary Public, residing at Idaho City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark }

Certificate No. 365747

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

for Mathais Peter Zapp (Name on Original Certificate) who (Was Born ~~or Died~~) on Nov. 27. 1900 (Birth ~~or Death~~) (Date of Event)

in Garden Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, ~~Insurance Policy, Etc.~~) prepared on December 16, 1900 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
None	Mathias Peter Zapp	Mathais Augustus Zapp

Subscribed and sworn to before me this 14th day of Dec. 1946

H. Lundstrom
Notary Public, residing at Vancouver
My commission expires Dec 24 1948
(Seal)

Signed Annie Frances Carrigan Zapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2805-E-26th Vancouver, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark }

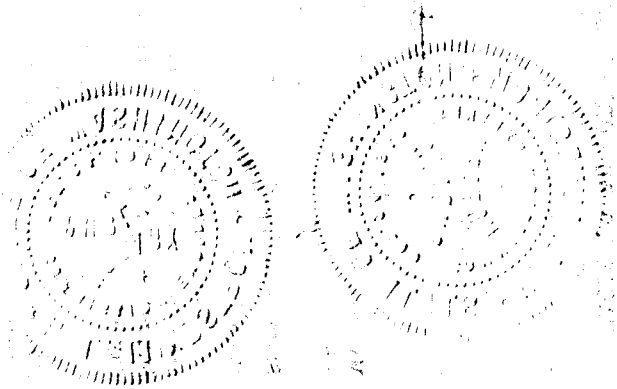
[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Dec. 1946.

H. Lundstrom
Notary Public, residing at Vancouver
My commission expires Dec. 24-1948
(Seal)

Signed D R Gorman
(Signature of Any Credible Person)
2409 Main St
(Street Address, City, State)
Vancouver Wn



764 124 028-854

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1943

State File No. 365750
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Idaho

4. FULL NAME OF CHILD William H. Paul Gould**

5. Date of Birth of Child (Month, day, year) 9/24/1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 4th **8.** No. months of Pregnancy **9.** Legitimate? Yes

FOSTER FATHER OF CHILD

10. FULL NAME William Palmer Gould
11. Color or Race White **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Unknown (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business Housing

FOSTER MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Heming
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Bedford (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Adoption Order 3201, Superior Court of St. of Wash. Spokane **Name changed to William Henry Paul Gould by order of adoption and in accordance with Chapter 139 Idaho Session Laws permitting birth records to be issued in foster name.

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the foster mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 40 ? years, and that probably unknown (First name) (Last name), who attended this birth probably deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Annie Gould Signature

Box 325, Loma Linda, California P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1943

(SEAL)

Notary Public, residing at Loma Linda

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated 1932.) My Commission Expires July 26, 1944

In and for the County of San Bernardino, State of California.

Received for filing on FEB 8 1943 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 119 003 281

965754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 965754
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Idaho

4. FULL NAME OF CHILD Verner Alfred Bennett

5. Date of Birth of Child (Month, day, year) March 19, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Alfred Bennett
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Amanda Sharp
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Dr. Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Amanda Sharp Bennett Signature

R. F. D. #2 Filer, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of Feb, 1943

(SEAL) Notary Public, residing at Filer

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365763**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carmen, Ida.

4. **FULL NAME OF CHILD** Russell Levi Benedict

5. Date of Birth of Child (Month, day, year) Nov. 5, 1900

6. Sex Male

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Ernest Richard Benedict
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Winnebago Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Palmer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Husband E. R. Benedict (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 19 43.

(SEAL) Mary V. Dixon Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F Felder, Registrar.

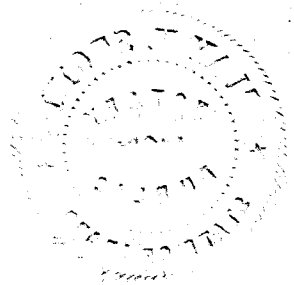
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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365769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City GRAY'S LAKE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City GRAY'S LAKE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD JENNIE MATTESON

5. Date of Birth of Child (Month, day, year) JANUARY 14, 1900

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM COMSTOCK MATTESON
11. Color or Race WHITE 12. Age at time of THIS birth 45 yrs.
13. Birthplace NEW BERLIN (City or town) NEW YORK (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HATTIE MAY HARWOOD
17. Color or Race WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace WATERVILLE (City or town) NEW YORK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that ALMEDA BROWN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Harwood Matteson Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 29th day of JANUARY, 19 43

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 209 040-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 1943

State File No. 365777

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wardner

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City Wardner

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner

4. FULL NAME OF CHILD Myrtle Olive Bradley about 2

5. Date of Birth of Child (Month, day, year) June 9th 1900

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert H. Bradley

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie E. Stone

17. Color or Race white **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Eaglepoint Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature, M.D. Midwife Address Date

State of Idaho
County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ella Niles Signature

345 37 Flowers Rd Huntington Park, Calif. P.O. Address

Subscribed and sworn to before me this 18 day of January, 1943

(SEAL)

Notary Public, residing at Huntington Park

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Carl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364 123 014 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365800**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at parents home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City Ida

4. **FULL NAME OF CHILD** Benjiman Ritchie Courtnay

5. Date of Birth of Child (Month, day, year) Sept 23-1920

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lincoln S Courtnay
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Walla Walla (City or town) Wash (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Ruth Bray.
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Diamond (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that J. S. (First name) Myers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel R Courtnay Signature

Route 2, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943

(SEAL) E Mayborn Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F Elder, Registrar.

AUG 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 214 037-252

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365851
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County May Perse (b) City Leland
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County May Perse
   (c) City Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Leland, Ida

4. **FULL NAME OF CHILD** Gladys June Michael

5. Date of Birth of Child (Month, day, year) June 14-19..

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Paul Michael
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Selma (City or town) Iowa (State or foreign country)
14. Exact Occupation druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mae Sessions
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) New York State (State or foreign country)
20. Exact Occupation none
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Jr. Starbraker (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul Michael Signature

1502 Pacific Ave P. O. Address

Subscribed and sworn to before me this 23rd day of Dec, 19 42

(SEAL) H. E. Schwemler Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mabel Fiedler, Registrar.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-201-001-316

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years 3 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Lotus Ruth Couzens

5. Date of Birth of Child (Month, day, year) May 1. 1900

6. Sex Female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Couzens
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idaho Lawrence
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 42 years, and that Geo. Hall (First name) MD (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Joseph Couzens Signature
414 Welsh St. Boise P. O. Address

Subscribed and sworn to before me this 18th day of February 1943, 19

(SEAL) Laurence Cantrell Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mavel E. Elders, Registrar.

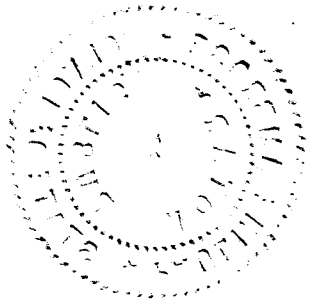
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



95-120-004-396

365979

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle Idaho

4. **FULL NAME OF CHILD** John Rodney Ream

5. Date of Birth of Child (Month, day, year) Jan. 20 - 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Dewine Ream
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Chariton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer and Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Ellen Crockett
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Nora E. C. Ream (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all his life years, and that Jane (First name) Sparks (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Crockett Ream Signature

929 Gaviota Ave. Long Beach California P.O. Address

My Commission Expires June 10, 1946

Subscribed and sworn to before me this 12 day of February, 1943

(SEAL) Bertha R. Eldridge Notary Public, residing at Long Beach Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by [illegible], Registrar.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-230-025-466

[redacted] 366654

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Woodland, Idaho

4. FULL NAME OF CHILD Nellie Hollingsworth

5. Date of Birth of Child (Month, day, year) Aug. 30 1900

6. Sex F **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathan Hollingsworth
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Moorman
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 9 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Hannah George (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Carter Signature
1416 Fourth San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 11 day of February, 1943

(SEAL) Frank E. Smith Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-22-7040-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 Mos. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD DAISY ADALINE DETAMORE

5. Date of Birth of Child (Month, day, year) Mar. 27, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles P. Detamore

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Stanton (City or town) Virginia (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business Attending Flum for Mining Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary H. Davis

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Knoxville (City or town) Kentucky (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Mrs. Midac (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H Detamore Signature

Seattle, Washington P. O. Address

Subscribed and sworn to before me this 19th day of February, 19 43

(SEAL) Eleanor Ames Notary Public, residing at Seattle, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-207025-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366149
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City P.O. Harpster
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City P.O. Harpster
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harpster Ida.

4. **FULL NAME OF CHILD** Mary Carolyn Kinkaid

5. Date of Birth of Child (Month, day, year) July 7 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Steven Kinkaid
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Prentice (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming & stockraising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Edith Powell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Mrs Annie Perkins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Edith Kinkaid Signature

403 32d Ave E, Kennewick Wash. P. O. Address

Subscribed and sworn to before me this 19th day of Feby, 1943

(SEAL) L E Johnson Notary Public, residing at Kennewick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 23 1943 by Mary F Elder, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289 127 029 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. general del
(d) Name of Hospital or Maternity Home: my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. general del
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Chillacotha Ohio

4. FULL NAME OF CHILD Ivan Silas Shriner

5. Date of Birth of Child (Month, day, year) March 27th 1900

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy regular

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamine W Shriner
11. Color or Race American
12. Age at time of THIS birth 37 yrs.
13. Birthplace Chillacotha (City or town) Ohio (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary ~~Shriner~~ Robinett
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Spangle (City or town) Wash (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE (deceased)

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Dr. Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mary Shriner Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of November, 1942.

(SEAL) Laurence E. Hoff Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 115006 557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Floyd Griffiths

5. Date of Birth of Child (Month, day, year) 4-15-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John J. Griffiths
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Adamsville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Luisa England
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Plainsity (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Mary E Hatch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Griffiths Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1943.

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Maud H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-205008 693

367269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 72 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho City, Ida.

4. **FULL NAME OF CHILD** Lucie Helen Davis

5. Date of Birth of Child (Month, day, year) Feb. 5, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert K. Davis
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Jackson County (City or town) Oregon (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Hardware business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina May Orchard
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. Warren (First name) Newell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina May Davis Signature
1016 Franklin St. Boise P. O. Address

Subscribed and sworn to before me this 19th day of March, 1943.

(SEAL)

Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Mabel H. Elder, Registrar.

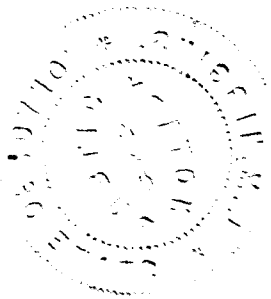
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



351-217035-437

367291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NezPerce (b) City Reubens
(c) Street Address or R.F.D. No. R. F. D. #
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Reubens
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Reubens, Idaho

4. **FULL NAME OF CHILD** Margaret Ann Teats

5. Date of Birth of Child (Month, day, year) Jan. 17, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Phillip Teats
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Madison County, Montana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Elizabeth McPeak
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dade City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Mrs. Ford (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. P. Teats Signature

Reubens, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1943.

(SEAL)

Notary Public, residing at Kamiah, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-120014-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

367298 State File No. 367298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Smith Rasmussen

5. Date of Birth of Child (Month, day, year) Aug. 20, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Rasmussen
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Wiegnall
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Payson, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that Dr. Williams (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Rasmussen Signature

1712 N. 8th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 19 43

(SEAL) Fauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 25-1943 by Mary Hedges, Registrar.

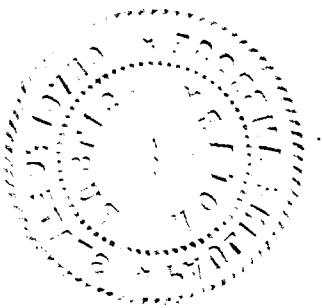
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219 123 003 995

367337

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lund
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Lund, Idaho (b) County Bannock
(c) City Lund
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Lund, Idaho

4. FULL NAME OF CHILD Les Henry Barfuss

5. Date of Birth of Child (Month, day, year) July 23, 1900.

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Barfuss

11. Color or Race White **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Eggiwil (City or town) Bern (State or foreign country) Switzerland

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rindlisbacher

17. Color or Race White **18.** Age at time of THIS birth 35 yrs.

19. Birthplace Lauperswil (City or town) Bern (State or foreign country) Switzerland

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at 10 4 M. on the date and at the place stated above, and that personal particulars were furnished by John le (First name) Barfuss (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature Anna Rindlisbacher M.D. Midwife Address Smithfield Utah Date 2/23/43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 125003 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367372
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Lake

4. **FULL NAME OF CHILD** FREDRIC ANDREW QUIGLEY

5. Date of Birth of Child (Month, day, year) Aug 25, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert George Quigley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Swan Lake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Walker
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clarkston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Quigley Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 43

(SEAL)

Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 701026 391

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367389
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Annis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Annis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Annis, Idaho

4. **FULL NAME OF CHILD** Walter Ray Johnson

5. Date of Birth of Child (Month, day, year) Sept. 1, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Johnson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Crapo
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Five Points, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Mrs. Cynthia (First name) Slater (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Tipkins Signature

Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 43.

(SEAL) Mabel Lundgren, Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

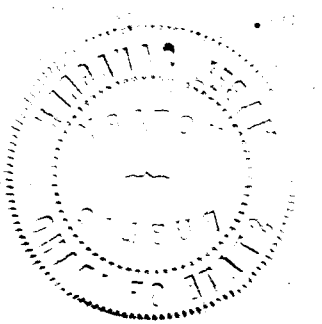
Received for filing on MAR 2- 1943 by Mary F Elder, Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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367420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Roy Alfred Hess

5. Date of Birth of Child (Month, day, year) Jan 16th 1900

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hess
11. Color or Race white
12. Age at time of THIS birth about 52 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Belle Butler
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Frances Bray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Belle Hess Painter Signature

Gooding Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943

(SEAL) Gilbert Gordon Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary Helen, Registrar.

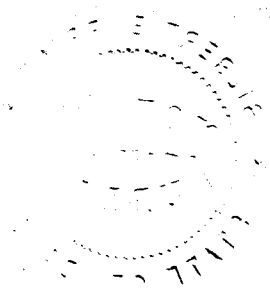
MAR 2 1943

DEC 26 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168 109029 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367457
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 9 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Elmer Harold Johnson

5. Date of Birth of Child (Month, day, year) March, 9, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Aron Johnson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Johnson (was Johnson before marrying)
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by John William Johnson (First name) (Last name), who is related to this child as older brother. (Mother, etc.)

25. Attendant's **OWN** signature Margaret Swanberg M.D. Address Troy, Idaho Date Jan. 29, 1943

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary F. Elder, Registrar.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343 222003 465

367500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock. (b) City Pocatello.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Amelia Tuttle.

5. Date of Birth of Child (Month, day, year) May 22nd, 1900.

6. Sex Female. **7.** Twin or Triplet Single. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jesse P. Tuttle
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Dover
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Promotory. (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 22 years, and that Dr (First name) Castle (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse P Tuttle
Signature
Bountiful, Utah
P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 43

(SEAL)

Notary Public, residing at Bountiful

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Com Expires March 22nd 1945

Received for filing on MAR 5 1943 by Mabel F. Elder, Registrar.

APR 16 19[illegible]

MAR 6 1943

NOV 26 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-225-035-085

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lewiston
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Lewiston
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Hazel Angelina Owen

5. Date of Birth of Child (Month, day, year) April 25, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Owen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Sheppard
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace St. Paul (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Thurston } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-three years of age, that I have known this person for forty-three years, and that Angelina G. (First name) Hamilton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Owen Fickup Signature
Box 97 East Olympia Road, Address

Subscribed and sworn to before me this 2 day of June, 1943

(SEAL) ____, Notary Public, residing at Aberdeen Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-117-033-384

United States Department of Commerce Bureau of the Census

MAR -8 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Douglas Hix Jr.

5. Date of Birth of Child (Month, day, year) April 17, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Douglas Hix
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace San Jose (City or town) California (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Chugg
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Cardiff, So. Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that Joan (First name) Chugg (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hix Signature

Box 283 P. O. Address

Subscribed and sworn to before me this 6 day of March, 1943.

(SEAL)

Kathryn Coffin Dep Notary Public residing at Clerk of District Court.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on MAR -8 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-231-035-655

367624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City NEZ PERCE
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county none years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** TILLIE BENJESTORF

5. Date of Birth of Child (Month, day, year) Oct. 31, 1900

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY BENJESTORF
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace ST. LOUIS, (City or town) MISSOURI (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOUISA WENDT
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace ODERBERG, (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Mrs. (First name) Dozie (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Louisa Wendt Jaacks Signature
2120 East 20th Street, Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 3rd day of March 1943

(SEAL) Hazel Teck, Notary Public, residing at 723 American Ave., Long Beach - NITE
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

HAZEL TECK
DAY - 723 American Ave., Long Beach - NITE
Notary Public in and for Los Angeles Co. Calif.
My Commission Expires December 31, 1945

Received for filing on MAR - 8 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1943

APR 5 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9/15-103 D22-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367659
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Ashton Idaho
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 17 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Ashton Idaho
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Cecil Emerson Davis

5. Date of Birth of Child (Month, day, year) Nov. 3, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Davis
11. Color or Race white
12. Age at time of THIS birth 18 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosamond Green
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for life years, and that Midwife Mrs. Ethel Humphreys (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosamond Williams Signature

132 E Regent Street P. O. Address

Subscribed and sworn to before me this 18th day of January 1943

(SEAL) Bernard P. Bendinger Notary Public, residing at Salt Lake City Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-111-029-444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367748
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City JULIETTA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City KENDRICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** CLARENCE BURYL PERRYMAN

5. Date of Birth of Child (Month, day, year) JULY 11, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIS ARTHUR PERRYMAN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace JOPLIN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation CONFECTIONERY
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA EVALINE DUMBAULD
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for always years, and that DR. HARRISON (First name) (Last name), who attended this birth during (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eva Perryman Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 13th day of MARCH, 1943

(SEAL)

Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Maud F Elder, Registrar.

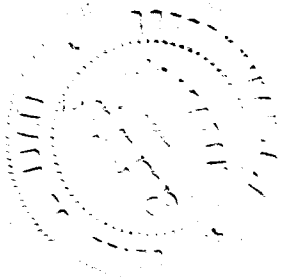
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-231-040-433

367807

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Orofino
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Orofino
   (d) Street Address or R.F.D. No. None In the Country
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boston Mass

4. **FULL NAME OF CHILD** Johanna Cathrinea Costello

5. Date of Birth of Child (Month, day, year) Mar 31 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Micheal Costello
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Killonglin (City or town) Ireland (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marie McCarthy
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Glenleigh (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cathrine (First name) Wheeler (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Cathrine Wheeler M.D. Midwife Address Clarkston Wash Date Mar 31 1900

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-216-035-499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) ~~Street Address~~ or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce Idaho

4. FULL NAME OF CHILD Gladys Mary Corwin

5. Date of Birth of Child (Month, day, year) March 16, 1900

6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvy Eugene Corwin
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Prairie City, Iowa (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bonnie Anna Laura Mizer
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bentonville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Dr. Jeffres (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvy Eugene Corwin Signature
Box 45, Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 23 day of February, 1943
(SEAL) J H Mercer Notary Public, residing at Lindsay, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1962

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may ~~be received~~ and filed by ~~the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-128440-154

367898

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho.

4. **FULL NAME OF CHILD** Carl Louis Rosenholz

5. Date of Birth of Child (Month, day, year) Nov. 28, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Andrew Rosenholz
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Skallmya (City or town) Sweden (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Anderson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lillhammer (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy years of age, that I have known this person for since birth years and that Dr. F. P. Matchette (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Andrew Rosenholz Signature

Wardner, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 43

(SEAL) Thomas R. Jones, Notary Public, residing at Wardner, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Cary H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-223-003-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369065
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 400 Blk So. Arthur
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 400 Blk. So. Arthur
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** LeRENE HARRISON

5. Date of Birth of Child (Month, day, year) March 23, 1900

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Daniel Harrison
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace London, (City or town) England (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Jewelery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Simmons
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-eight years of age, that I have known this person for 42 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ethel H Edgley Signature

P. O. Address

Subscribed and sworn to before me this 12 day of March, 1943

(SEAL) J Blankenship, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1977

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-109-028-914

United States
Department of Commerce
Bureau of the Census

MAR 24 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369080
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Ida.

4. **FULL NAME OF CHILD** Angus Calvin Baillie

5. Date of Birth of Child (Month, day, year) Sept. 9, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sandie Baillie
11. Color or Race White
12. Age at time of THIS birth 130 yrs.
13. Birthplace NovaScotia (City or town) Can. (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Ramey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Medimont (City or town) Idaho (State or foreign country)
20. Exact Occupation housewige
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that Dr. Scmaulhousen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sandie Baillie Signature

Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 1943.

(SEAL) , Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-225-022-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369110**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years – months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Teton City

4. FULL NAME OF CHILD Wanda Alice Rhoades

5. Date of Birth of Child (Month, day, year) Nov. 25, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leroy Rhoades
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Havenswille (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christianner Shelton
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mendon, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that Annie Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbra Rhoades Bargee Signature

Route # 3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 43

(SEAL) Olga Ehlert Clerk of Probate Court, Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mary F Eder, Registrar.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-22-037-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369118
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Letha Joan Crocheron

5. Date of Birth of Child (Month, day, year) August 22, 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Asbury Bibb Crocheron
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Stanford
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Corvallis, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for since birth years, and that Doctor Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellena Crocheron Black Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of March, 1943

(SEAL) Notary Public, residing at Bruneau Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-130-037-367

B69146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Wilson
   (c) Street Address or R.F.D. No. - - - - - -
   (d) Name of Hospital or Maternity Home: - - - - - -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Wilson
   (d) Street Address or R.F.D. No. - - - -
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilson, Idaho.

4. **FULL NAME OF CHILD** Frederick Lewis Bachman

5. Date of Birth of Child (Month, day, year) Nov. 30, 1900

6. Sex Male

7. Twin or Triplet - - - - If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frederick Bachman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Thune, Switzerland, (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business - - - - - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Jane Cox
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Guthrie Center, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Canyon. } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-eight years of age, that I have known this person for more than 42 years, and that my mother, Phebe Cox, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe Jane Bachman Signature

719 9th Ave. So. Nampa, Ida. P. O. Address

Subscribed and sworn to before me this 31st day of March, 1943

(SEAL) H. Hagelin, Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Mark F Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-208-029-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369260
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or ~~R.F.~~D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Lela J. Harris

5. Date of Birth of Child (Month, day, year) 12-8-1900

6. Sex Female

7. Twin or Triplet ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Dayton Harris
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Josephine Beasley
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Wez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that Dr. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lizzie Beasley Harris Signature
633-10th St Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) A. L. [illegible] NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES [illegible] 1945.
Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Maud F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-113-007-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369281
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey, Idaho

4. **FULL NAME OF CHILD** Preston Loyd Pyrah

5. Date of Birth of Child (Month, day, year) Oct 13 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Pyrah
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Yorkshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Arbletta Ainsworth
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Sublett (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Elizabeth (First name) Howard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Pyrah Signature

Carey P. O. Address

Subscribed and sworn to before me this 27 day of March, 1943

(SEAL) M. P. Anderson Notary Public, residing at Carey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary F. Elder, Registrar.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-20-0 32 55

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369343
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Ida.

4. **FULL NAME OF CHILD** JESSIE RUTH BURGESS

5. Date of Birth of Child (Month, day, year) 4/6/1900

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Charles Ulysses Burgess
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace DesMoines (City or town) Iowa (State or foreign country)
14. Exact Occupation Drayman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE EDNA KENASTON
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace RED CLOUD (City or town) NEBRASKA. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-nine years of age, that I have known this person for 42 years, and that Mrs. O'Connor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Edna Burgess. Signature

Shoshone, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of March, 1943.

(SEAL) J. A. McQuillen Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-215-016-298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Marion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: born here
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Marion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marion, Idaho

4. **FULL NAME OF CHILD** Alice Sessions

5. Date of Birth of Child (Month, day, year) September 15/00

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Sessions
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Bryson Sessions
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Utah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life years, and that Dr. A. F. O. Neilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. Wesley Sessions. Signature

786 North Third East, Provo, Ut. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL)

John E. Hayes, Notary Public, residing at Provo, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

JUL 2 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-108-004-814

369432

United States
Department of Commerce
Bureau of the Census APR 2 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. ✓ ✓
   (d) Name of Hospital or Maternity Home: at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. ✓ ✓ ✓
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Julius Daniel Herman.

5. Date of Birth of Child (Month, day, year) March 8, 1900

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Herman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Watchmaker
15. Industry or Business Jewelery.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hampton
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Middlesex, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif.
County of San Francisco } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Mrs. Bridges (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hulda A. Tueller Signature
198 Downey St. P. O. Address

Subscribed and sworn to before me this 31st day of March, 1943

(SEAL) [signature], Notary Public, residing at 820 Irving St San Francisco Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-127-036-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369438
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City ROCKLAD
   (c) Street Address or R.F.D. No. GEN. DELIVERY
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County
   (c) City ROCKLAND
   (d) Street Address or R.F.D. No. GEN. DELIVERY
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LELAND LANCE

5. Date of Birth of Child (Month, day, year) 3/27/1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** JAMES THOMAS LANCE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace TEXAS-OR KENTUCKY (City or town) (State or foreign country)
14. Exact Occupation BLACK SMITHING
15. Industry or Business R. RANCHING.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELEN NELL BUDGE
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace OGDEN UTAH (City or town) (State or foreign country)
20. Exact Occupation ~~NONE~~ HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

State of Wash
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 43 years, and that Leonard L Lance (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard L Lance Signature
5024 DELRIDGE WAY SEATTLE P. O. Address

Subscribed and sworn to before me this 3 day of April, 19 43 WASH

(SEAL)

E A Richey, Notary Public residing at Seattle, King Co. Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-20-025-165

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 5 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369441
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City On Ranch near
(c) Street Address or R.F.D. No. ---- Grangeville, Ida.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Grangeville,
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville,

4. FULL NAME OF CHILD Edna Maude McConnell

5. Date of Birth of Child (Month, day, year) April 1-1900

6. Sex Female **7.** Twin or Triplet ---- If so—born 1st, 2nd, 3rd ---- **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Robert McConnell
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Xenia, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer and Laborer
15. Industry or Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda L. Jones McConnell,
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Near Grangeville, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Wife and Homemaker.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Idaho. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. S. E. Bibby, (First name) (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. A. Jones Signature

214 W. South St., Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me this 4 day of March, 1943

(SEAL) D. L. Emmes Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mary F. Elder, Registrar.

APR 8 1943

DEC 7 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-125-006-799

369480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years -- months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** LEWIE JOHNSON

5. Date of Birth of Child (Month, day, year) April 25-1900

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles H.Johnson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Murray, Utah, (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business laborer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A.Priest
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Uinta, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Augusta Wadsworth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha A Johnson Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 43

(SEAL) Basil B. Bennett, Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mabel E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-22-025-812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369487
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho Co. (b) City Kamiah
   (c) Street Address or R.F.D. No. Kamiah P.O.
   (d) Name of Hospital or Maternity Home: born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kamiah
   (d) Street Address or R.F.D. No. Kamiah P.O.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Idaho

4. **FULL NAME OF CHILD** Evelyn Kathleen Howard

5. Date of Birth of Child (Month, day, year) Feb. 20, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Perley Howard
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Joplin, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Louise Irene Hastings
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Elnora (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Sarah Kathleen Conrad (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Louise Irene Howard Hastings Signature
9302 Interlake P. O. Address

Subscribed and sworn to before me this 17 day of March, 19 43

(SEAL) Acel C. Barlow, Notary Public, residing at Seattle Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-22-1035-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369557
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac
   (c) ~~Street Address or~~ R.F.D. No. 1.
   (d) Name of Hospital or Maternity Home: None - at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac
   (d) ~~Street Address or~~ R.F.D. No. 1.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Idaho.

4. **FULL NAME OF CHILD** Agnes Estelle Steadman

5. Date of Birth of Child (Month, day, year) May 28, 1900.

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Dilworth Steadman.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sioux City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Horn
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Frankford (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. (First name) Ragsdale (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Dilworth Steadman Signature

1703 G Street, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943

(SEAL) C. P. Hinkle, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Maud H. Edson, Registrar.

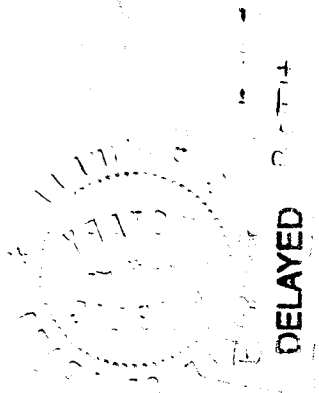
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



See sibling 1900-230198

815-125-041-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369627
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia, Id.

4. FULL NAME OF CHILD Paul William Hansen

5. Date of Birth of Child (Month, day, year) 4/25/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregn[illegible] 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Hansen

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Providence (City or town) Utah (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Metta Sorensen

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Denmark (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Metta (First name) Hansen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Barney (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mette Hansen Signature

Tetonia, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1943

(SEAL) [signature] Notary Public, residing at Tetonia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud E. Edwards, Registrar.

APR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-30-039-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369655
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 3 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Leland Walter Nelson

5. Date of Birth of Child (Month, day, year) Nov. 30, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Le Roy Peter Nelson
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Brigham City (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lila Cotterel
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Bonanza Bar (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Le Roy Peter Nelson (First name) (Last name), who is related to this child as father. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address American Falls, Ida. Date 4-10-43

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 43 years, and that self (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LeRoy Nelson Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943

(SEAL)

Notary Public, residing at Am. Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F. Elder, Registrar.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 201-001-395

370819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No 16th Railroad
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No 16—Railroad
(e) How long has **MOTHER** lived in Idaho? 5-3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Harriet Emily Brooks

5. Date of Birth of Child (Month, day, year) Sept. 1 1900

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Amos Brooks.
11. Color or Race White. **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Bellaire (City or town) Ohio (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minabell Treadwell.
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Lillierock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Mr. (First name) J. Jamison (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minabell Lisonbee Signature
523-15th Ave. No. Nampa Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1943.
(SEAL) Maud Henry Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Maud Henry, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

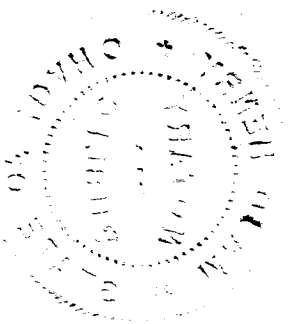
AUG 7 1962

APR 28 1943
MAY 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370948
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. Rural - Farm
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Rural- P.O., Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yr. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Alice Wahl

5. Date of Birth of Child (Month, day, year) Jan. 17, 1900

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy nune

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fayette L. Wahl
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Cole County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Winchester
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Seward County, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including ~~this~~ child five (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Russell (First name) Truitt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Lamb (Formerly, Alice Wahl) Signature
Route 5, Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 28 day of April, 1943.

(SEAL) James O. Cecil, Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 - 1943 by Mary F. Eder, Registrar.

MAY 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

177-211 029 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. R.F.D. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. R. F. D. 2
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Annie Milvina Appelquist

5. Date of Birth of Child (Month, day, year) May 11, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustaf Appelquist
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christine Carlson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustaf Appelquist Signature
6602 N St N.W. Puyallup P. O. Address

Subscribed and sworn to before me this 27 day of April, 1943 Wash

(SEAL) Martin J. B. Johnson, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-223036-962

371024

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Neeley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None. Born on Ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county / years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Neeley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Neeley Idaho.

4. **FULL NAME OF CHILD** May Elizabeth Hiele

5. Date of Birth of Child (Month, day, year) 3/23/1943

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Pratt Hiele

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Bear Lake (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer and Cattleman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virgie Ann Rose

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Lawrence Co. (City or town) Kentucky (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes, one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho, } ss.
County of Power, }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Miram Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgie Rose Hiele Signature

AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 30th day of April, 1943.

(SEAL) Notary Public, residing at AMERICAN FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES OCTOBER 28, 1945

Received for filing on MAY 6 - 1943 by Maud F Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 1962

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 101 021 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Dayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Dayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dayton, Idaho

4. **FULL NAME OF CHILD** Thomas McCarrey Smith

5. Date of Birth of Child (Month, day, year) October 1,1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas F. Smith
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Priscella McCarrey
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Olive (First name) F. Taylor (Last name), who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature — Address — Date
Midwife

State of Nevada
County of Mineral } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Mrs. (First name) Chadwick (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Taylor

Olive Taylor Signature
Box 435, Babbitt, Nevada P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1943

(SEAL) J. J. Connelly, Notary Public, residing at Hawthorne, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-205002-466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371080

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Salmon Meadows
   (c) Street Address or R.F.D. No. Home
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Salmon Meadows
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mabel Alene Sanders

5. Date of Birth of Child (Month, day, year) Sept. 5, 1900

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Thomas Sanders
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Easter Alta Moor
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Easter Alta Sydnam Signature

2529 S. Tacoma Ave Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943

(SEAL) Hannah Hay Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 - 1943 by Maud F. Elder, Registrar.

MAY 7 1943

MAY 10 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-225022-759

371148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Driggs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county seven years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Driggs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs Idaho

4. **FULL NAME OF CHILD** Elise Blattner, ~~Genevieve~~ If so born
5. Date of Birth of Child (Month, day, year) March 25 1900
6. Sex F
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rudolph Blattner
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Kuttigen (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Geissler
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Geneva (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 43 years, and that Mrs. Bon Driggs (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Blattner Signature

Weiser Idaho Address

Subscribed and sworn to before me this 14th day of May, 1943

(SEAL) Notary Public, residing at Weiser, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432 205 006-413

United States
Department of Commerce MAY 1 0 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: 15 In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 30 yrs. Dead

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Jannett McKnight
5. Date of Birth of Child (Month, day, year) Feb. 5, 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McKnight
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violate Dalton
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Dublin Ireland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 7%
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that ..... (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harrison McKnight Signature
Moreland Idaho P.O. Address

Subscribed and sworn to before me this 7th day of May, 1943

(SEAL) [signature], Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 0 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 709004653 371194 **371194**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington

4. **FULL NAME OF CHILD** Stanley Welch Hanson

5. Date of Birth of Child (Month, day, year) Oct 9- 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Hanson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Welch
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Dr Hoover (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeanne H Morgan Signature
1606 N 5th Boise Ida P. O. Address

Subscribed and sworn to before me this 24 day of May, 1943
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 24-1943 by Mabel F Elder, Registrar.

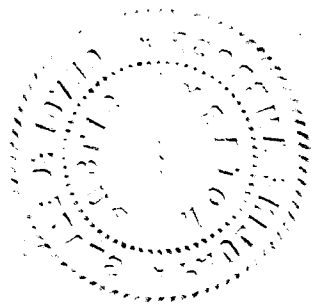
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



254-215022-993

United States Department of Commerce Bureau of the Census

MAY 17 1943 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371279
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Victor
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years – months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Victor
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Eliza Alice Beddes

5. Date of Birth of Child (Month, day, year) Nov. 15, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Robison Beddes
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Eleanor Ricks
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Eleanor (First name) Beddes (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon, County of Union } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Eliza (First name) Eymon (Last name), who attended this birth is deceased (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Eleanor Beddes Signature

Route #2 La Grande Oregon P. O. Address

Subscribed and sworn to before me this 7th day of May, 1943

(SEAL) Claude L. Berry, Notary Public, residing at La Grande Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-202-029-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** ELIZABETH ELLEN MADISON

5. Date of Birth of Child (Month, day, year) Oct 2nd 1900

6. Sex Female

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnacyn 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin F. Madison
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ordelia H. Palmer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Viola (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Born at Home
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Dr. Craters (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ordelia H. Madison Signature
E. 2424 Pacific, Spokane, Washington O. Address

Subscribed and sworn to before me this 18th day of May, 1943

(SEAL) A. W. Dolphin Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-118-035-244

372433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez perce (b) City Melrose
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Melrose
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Melrose, Idaho

3. RESIDENCE of FATHER (city, state) Melrose Ida.

4. FULL NAME OF CHILD Clarence Loyd Hill

5. Date of Birth (Month, day year) Sept. 18 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Franklin Hill
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Soio Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pheby Florence Summers
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Metz Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 27 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Florence Green, being first duly sworn, say that I am related (Related to (or) acquainted with)
Clarence Loyd Hill (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrington (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Martha Florence Green Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1943

(SEAL) [signature] Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1965

MAY 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-212-035-893

372439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez perce (b) City Lenore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez perce
   (c) City Lenore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenore, Idaho

4. **FULL NAME OF CHILD** Wilma Mae Green

5. Date of Birth of Child (Month, day, year) May 12th, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jasper Green
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wichita (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Florence Hill
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Scio (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Asotin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha F. Rosser Green Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of May, 1943.

(SEAL) A. M. Norquist, Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-230-036-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 39 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alta Sanders

5. Date of Birth of Child (Month, day, year) Nov 30 1900

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John B Sanders
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Franklin County Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melvina Ann Vaughn
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Glendale Johnson Co. Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 95 years of age, that I have known this person for 1 years, and that (First name) Susan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B Sanders Signature
R # 2 Box 270 Riverside Cal. P. O. Address

Subscribed and sworn to before me this 29 day of April, 1943

(SEAL) Thos. K. H. Brumbaugh Notary Public, residing at Riverside Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.) My Commission Expires Feb. 2, 1947

Received for filing on JUN - 2 1943 JUN 2 1943 by Mary E Eden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-219.007-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hiesse
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hiesse
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hiesse, Idaho

4. **FULL NAME OF CHILD** Ingeborg Catherine Herman

5. Date of Birth of Child (Month, day, year) April 19 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Dallas Herman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Shearsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Catherine Jones
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature x Sarah H. Jones Midwife Address Mackay Idaho Date 6/4/43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 5 1943 by Mary E. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 12 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-227-022-691

372648

372648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rigby
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby - Idaho

4. **FULL NAME OF CHILD** Eliza Casper

5. Date of Birth of Child (Month, day, year) May 27 - 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Casper
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Wray
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Hull (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 43 years, and that Dabell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES FEB. 8, 1945

x George E. Casper Signature
Lewisville Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1943

(SEAL) Lyman J. Ball, Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1943 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1960

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-121-207-866

372650

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372650

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Leon Ainsworth

5. Date of Birth of Child (Month, day, year) 9/21/1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Leon Ainsworth
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Maud Howard
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Skelmersdale, Lanc., England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Elizabeth Howard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Maud Ainsworth Signature

637-3rd Ave., W., Twin Falls, Ida. Address

Subscribed and sworn to before me this 18th day of June, 1943.

(SEAL) John A. Robertson, Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

3726 54 372654

State File No. 372654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Wood Swan

5. Date of Birth of Child (Month, day, year) March 2, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Wood Swan
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Fisher
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child second (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for life years, and that Mrs. Duncan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Sylvia Swan Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1964.

(SEAL)
Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 27, 1963 by , Registrar.

JUN 23 1943

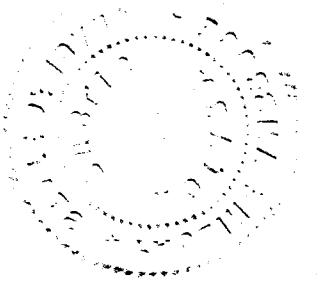
DEC 29 1965

JAN 9 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



035-123-029-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) TROY IDAHO

4. FULL NAME OF CHILD WILLIAM DON STEPHENSON

5. Date of Birth of Child (Month, day, year) JUNE 23 1900

6. Sex MALE

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME William ALBERT STEPHENSON
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Richland (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NETTIE VIOLA McConnell
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Richland (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by NETTIE (First name) McConnel (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address KENDRICK, IDAHO Date JUNE 8-'43

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for Always years, and that ELLEN SPENCER (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nettie Stephenson Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 8th day of June 1943
(SEAL) Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-124-00-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372703
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS, IDAHO

4. **FULL NAME OF CHILD** CHARLES GULLICK SMITH
5. Date of Birth of Child (Month, day, year) AUG. 24, 1900
6. Sex MALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 1ST
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CLINTON SMITH
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace GRAND ISLAND (City or town), NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA GROVE
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace LEE STATION (City or town), ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (ONE) (b) Born alive and now living 2 (TWO)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 YRS 9 Mo 14 DAYS years, and that DR. (First name) PENDLETON (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Grove Smith Signature
R.F.D.#2 LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943.

(SEAL) Paul W. Hyatt, Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-117-006-452

United States
Department of Commerce
Bureau of the Census JUN 14 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Wallace Floyd Hammer

5. Date of Birth of Child (Month, day, year) Nov 17, 1900

6. Sex Male

7. Twin or Triplet If so born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel L. Hammer
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther L. ~~Hammer~~ Messerwy
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Woodville (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Esther L. Hammer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Bearden M.D. Midwife Address Border, Wyoming Date Jan 11, 1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 29 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-218-025-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Kooskia
(c) Street Address or R.F.D. No. Nil
(d) Name of Hospital or Maternity Home: Cannot supply
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. Nil
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Alice Maude Rood

5. Date of Birth of Child (Month, day, year) Sept, 18/1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Finney Rood
11. Color or Race White American
12. Age at time of THIS birth 32 yrs.
13. Birthplace Binghamton, N. Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Elizabeth McRae
17. Color or Race White American
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cape Breton, N. S. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that Cannot remember Johnson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Elizabeth Rood Signature
1020 E. Skagit St. Mount Vernon P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942 Wash.

(SEAL) [signature] Notary Public, residing at Mt Vernon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-120-004 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374024
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Stewart Barkdull

5. Date of Birth of Child (Month, day, year) Feb 20, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy None

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Riley Barkdull
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Edith Hoff
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

✓ AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Hattie Barkdull (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43yrs years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Hattie Barkdull Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of June, 1943

(SEAL) Chas E Kerr, Notary Public, residing at Montpelier, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261 21 035 365

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374062
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NezPerce (b) City Nez Perce
   (c) Street Address or R.F.D. No. on farm
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City NezPerce
   (d) Street Address or R.F.D. No. on farm
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) NezPerce, Idaho

4. **FULL NAME OF CHILD** Myrtle Hila Swartz

5. Date of Birth of Child (Month, day, year) Mar. 11, 1900

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Egg Swartz
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Monticello, Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabelle Connelly
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pontiac Ill (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address deceased ____ Date

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Mrs Warren (First name) & Mrs. Parker (Last name) midwives, who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Egg Swartz — Signature
Clearwater, Idaho — P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1943.

(SEAL)

Bertha McLargan, Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-2413, I.C.A.) My commission expires August 1, 1944

Received for filing on JUN 25 1943 by Mary E Elder, Registrar.

JUN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-110 006-691

374-99

374299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DELAYED

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City SHELLEY
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City SHELLEY
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 4 - yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HEBER LORENZO HANSEN

5. Date of Birth of Child (Month, day, year) FEB. 10 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HANS PETER HANSEN
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace NORWAY (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA AMELIA FRANDSEN
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace SKAGEN (City or town) JYLAND (State or foreign country) DENMARK
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bin

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and that MRS (First name) SESSIONS (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Peter Hansen Signature

1512 na 14th Boise Idaho P. O. Address

Subscribed and sworn to before me this 19th day of July, 19 43

(SEAL) Z. Russell, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1943 by Carl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

"O" ADDED DELAYED STAMP TO THE FACE OF THE CERTIFICATE 03/25/2015 MH

MAR 2 5 2015

JUL 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-219 037-364

374317

374317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374317
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City, Ida

4. **FULL NAME OF CHILD** Marjorie Lucille Hamilton

5. Date of Birth of Child (Month, day, year) 10-19-1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Reed Hamilton
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Brantford, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Medical Doctor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma L Coughanour
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Quartsburg, Idaho, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty Nine years of age, that I have known this person for Forty two years, and that Dr. Thomas D. Farrer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

W. C. Hamilton
Signature

Box 308 Nampa., Idaho
P. O. Address

Subscribed and sworn to before me this 20th day of July, 1943

(SEAL) H. Hagelin, Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Maud E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-129-001-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374446
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City BOISE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Ada
(c) City BOISE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** PAUL ANDREW PIOTROWSKI
5. Date of Birth of Child (Month, day, year) DEC. 29-1900
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MARTIN PIOTROWSKI
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace WILLEG BRZESCRE OSURECIM (City or town) POLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTTIE MECHAVICH
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace POSNAN (City or town) POLAND (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 42 years, and that DR. (First name) KOCHLER (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin Piotrowski Signature
Foley Mine R#2 P. O. Address

Subscribed and sworn to before me this 24 day of June, 1943

(SEAL) [signature] Notary Public, residing at Foley Mine

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816 - 126001 - 364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374501
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Earl Alva Hawkins

5. Date of Birth of Child (Month, day, year) Mar. 26, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jessie Thomas Hawkins
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Polk Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Louise Cougens
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that Dr. Fred Known (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ellen Booth Signature

R.R. 3 Boise Ida. P. O. Address

Subscribed and sworn to before me this 14th day of July, 19 43

(SEAL) L. E. Eaton, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary E. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-205029893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374520
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Abbie Ann Perry

5. Date of Birth of Child (Month, day, year) April 5, 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Tolbert Perry
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Athol S. Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Addie Hill
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Unionville Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ Boracic acid Water
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wash
County of Stevens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara A Perry Signature
[redacted] P. O. Address

Subscribed and sworn to before me this 17 day of July, 1943

(SEAL) [redacted], Notary Public, residing at Chewelah Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1943 by Mary E Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-102-035-144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerces (b) City Melrose
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years * months * days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerces
(c) City Melrose
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose, Idaho

4. FULL NAME OF CHILD LeVern Edwin Denney

5. Date of Birth of Child (Month, day, year) May 2 1900

6. Sex Male
7. Twin or Triplet ****
If so—born 1st, 2nd, 3rd **
8. No. months of Pregnacy 10
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James H Denney
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace ? (City or town) ? (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ruth Addington
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

****

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that None (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marga Ruth Broerman Signature
345 E. 7th. Escondido, California P. O. Address

Subscribed and sworn to before me this 16 day of July, 19 43.

(SEAL) John P. Marken Notary Public, residing at Escondido, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 2 1943 by Mary E. Ed... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 - 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

857-108-029-713

375639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Near Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home in country
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Near Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Clarence Olonzo Heare

5. Date of Birth of Child (Month, day, year) 8/8/1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Granville Allen Heare
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Romney (City or town) W. Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Nancy Pace
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Roscoe (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Province of Alberta
County of Dominion of Canada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy years of age, that I have known this person for forty-two years, and that Mrs. Spencer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Heare Signature

Butte, Alberta, P. O. Address

Subscribed and sworn to before me this sixth day of July, 19 43

(SEAL) Sadie A. Burnford M.D., Notary Public, residing at Rocky Mountain House, Alberta,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1943 by Maud F. Elder, Registrar.

Commission expires Dec. 31, 1945

Use of BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 2 1976

JUL 2 6 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-216-021-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375652
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Whitney
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idah

4. **FULL NAME OF CHILD** Verena Beckstead

5. Date of Birth of Child (Month, day, year) March 16, 1900

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Albert Beckstead
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace South Jordan (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Foster
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Mary Ann Hawkes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Foster Beckstead Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of July, 1943

(SEAL)

Ben R. Johnson, Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1943 by Mary F. Elders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1960

JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-[illegible]-29-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 275686
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee, Idaho USA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee - USA.
   (d) Street Address or R.F.D. No. in Country
   (e) How long has **MOTHER** lived in Idaho? 36 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Arnold Oleon Matson

5. Date of Birth of Child (Month, day, year) August 13-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Matson
11. Color or Race Danish
12. Age at time of THIS birth 49 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maiteba Miller
17. Color or Race Norwegian
18. Age at time of THIS birth 28 yrs.
19. Birthplace Winnicomi - Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

~~State~~ of Province of British Columbia
County of Kananas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy one years of age, that I have known this person for 43 years, and that (Doctor) (First name) Conant (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martina Herriott (nee Matson) Signature

P. O. Address

Subscribed and sworn to before me this 19th day of July, 1943.

(SEAL) [signature], Notary Public, residing at Kananas B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 8 1968

JUL 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-218001-313

375714

375714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1500 Jefferson St
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1500 Jefferson
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kashmyr Sydia Wilson
5. Date of Birth of Child (Month, day, year) Mch 18-1900
6. Sex Girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Alexander P. Wilson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Crystal Iowa (City or town) (State or foreign country)
14. Exact Occupation Real Estate Ex Ins.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jate
17. Color or Race
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tionesta Forest Co. Penna (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Ida Mary Kesler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jate-Wilson Signature
1419 Wash. St Boise Idaho P. O. Address

Subscribed and sworn to before me this 13 day of August, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 8/13/43 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-211-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375749
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ---years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. none -outside of City
   (e) How long has **MOTHER** lived in Idaho? 2 mo. 10 yrs. da

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Iva Breckenridge ([redacted])

5. Date of Birth of Child (Month, day, year) Aug. 11, 1900

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jeff Breckenridge
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tumway (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpentry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Smith
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rome (City or town) Georgia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 11/12 plus years, and that Dr (dont know) (First name) Gregg (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Breckenridge Signature

12418 First Ave. S.W., Seattle P. O. Address

Subscribed and sworn to before me this 16 day of July, 1943.

(SEAL)

J. A. Rakes, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Maud Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2.59-226-225-364

375770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Harpster
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harpster, Idaho

4. **FULL NAME OF CHILD** Azalea Lillian Kerr

5. Date of Birth of Child (Month, day, year) Oct. 26, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Kerr
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace New Castle, Pa. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Rose Coder
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Harpster, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that Charles (First name) Busey (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Rose Kerr Signature

813 Blvd, Ashland, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of July, 19 43

(SEAL) G. H. Bolen, Notary Public residing at Ashland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires 5/12/1944

Received for filing on JUL 30 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-225-004-747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375869
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St Charles,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Pugmire Keetch

5. Date of Birth of Child (Month, day, year) Apr. 25, 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elijah Charles Keetch
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace St Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock-raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Staniforth Pugmire
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace St Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Staniforth Pugmire Keetch (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Martha Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie S. P. Keetch Signature

St Charles, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 43.

(SEAL)

Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-210-028-313

375878

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thelma Marguerite Zienke

5. Date of Birth of Child (Month, day, year) 3-10-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Rudolph Zienke
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Johanna Tatch
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Older Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that Mrs. Le Duet (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W G Dana Signature

S 1325 Fiske Spokane Wash. P. O. Address

Subscribed and sworn to before me this 7 day of Aug, 1943

(SEAL) Winifred McPherson, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary F. Elder, Registrar.

AUG 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-229-044-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375898

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nancy Madge Shearer			2. Date of Birth (month) (day) (year): September 29, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Leighton Leith Shearer			7. State or Country of Father's Birth: Scranton, Penn.
MOTHER	8. Full Maiden Name of Mother: Nancy Emmaline Carson			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nancy Madge Shearer Poore		11. Present Address of Registrant: Scottsdale Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 13 1967	12. Signature of Notary: Luanne W Vaughn		13. Notary Commission expires: My Commission Expires Nov 3, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

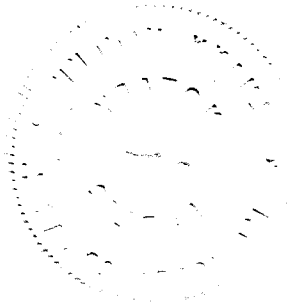
SUPPORTING RECORD 1.	Type of Document: Notarized photocopy of page from Family Bible	By whom issued and signed: Copy of bible made by Agnes Allen School Dist. 431, Weiser, Idaho	Date Issued: 9-8-67	Date Orig. Entry: obviously old
	Date of Birth: Sept. 29, 1900 / Birth Place: Weiser, Idaho	Full Name of Mother: Nancy Shearer	Name of Father: L. L. Shearer	
SUPPORTING RECORD 2.	Type of Document: Notoriaze copy of School Census Record	By whom issued and signed: Agnes Allan, Clerk, School Dist. 431, Weiser, Idaho	Date Issued: 9-5-1967	Date Orig. Entry: School Census of 1909
	Date of Birth: Age 9 / Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photocopy of School Record	By whom issued and signed: Agnes Allan, Clerk, School Dist. 431, Weiser, Idaho	Date Issued: 9-5-67	Date Orig. Entry: School years 1909-1915
	Date of Birth: Sept. 29, 1900 / Birth Place: -----	Full Name of Mother: Mrs. N. E. Shearer	Name of Father: ____	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Sept 15, 1967

FORM BH 56067



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 804 E. Liberty St.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 4 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 804 E Liberty St.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Nancy Madge Shearer

5. Date of Birth of Child (Month, day, year) Sept 29, 1902

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leighton Leith Shearer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Scranton (City or town) Penna. (State or foreign country)
14. Exact Occupation Baptist Minister &
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Emmaline Carson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Grant P.O. (City or town) Virginia (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric antiseptic
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that Dr. A. B. Phirley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Emmaline Shearer Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of August, 1943.

(SEAL)

Thomas Nelson, Notary Public, residing at Weiser, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mary F. Elder, Registrar.

AUG 9 1943

FEB 26 1960

SEP 15 1967

SEP 23 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-111025-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Walter Edward McKee

5. Date of Birth of Child (Month, day, year) Sept 11 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Edward McKee
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Superior (City or town) Nebraska (State or foreign country)
14. Exact Occupation Engineer Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Carr
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Yoncalla (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Walter E McKee (First name) (Last name), who is related as Father (Mother, etc.)

25. ~~Attendant's~~ **OWN** signature Walter E McKee ~~M.D.~~ FATHER ~~Midwife~~ Address 30619 Maplewood Dr Garden City, Mich Date August 8th, 1944

AFFIDAVIT

State of Michigan
County of Wayne } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all his life years, and that Mrs Camp (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Walter E McKee Signature

P. O. Address

Subscribed and sworn to before me this 6th day of August, 1943 Wayne County

(SEAL) John M Carlan, Notary Public, residing at Dearborn Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Apr. 24, 1944

Received for filing on AUG 10 1943 by Mary F Elder, Registrar.

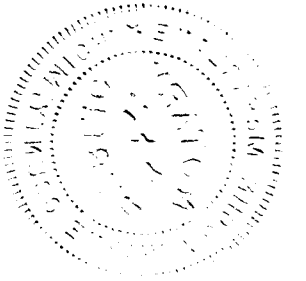
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-218-248-151

United States
Department of Commerce
Bureau of the Census

AUG 16 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Cambridge
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Cambridge
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? ten yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Teressa Laurel Bollinger
5. Date of Birth of Child (Month, day, year) Nov. 18, 1900
6. Sex female
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Morise Bollinger
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Altona (City or town) Penn (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Melvina Dealy
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Laramie City (City or town) Wyo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Nancy Jane Dealy (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Melvina Bollinger Signature
Tualatin, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of August, 1943.

My Commission Expires Feb. 12th 1945. (SEAL) L. J. Francis, Notary Public, residing at Tualatin Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23-22-029-497

377174

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377174
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LOLA FLORENCE STARNER

5. Date of Birth of Child (Month, day, year) Sept. 25, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** STANLEY MATHEWS STARNER
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace San Francisco, Calif. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAGGIE DIXON
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Washington, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at One P.M. on the date and at the place stated above, and that personal particulars were furnished by MAGGIE (First name) DIXON (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Lane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Dr. E. T. Hines (First name) (Last name), who attended this birth Now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie Dixon Starner Signature

Disston Route, Cottage Grove Ore. P.O. Address

Subscribed and sworn to before me this 6th day of May, 1943

(SEAL)

Notary Public for Oregon

My Commission Expires October 23, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-202 WP-639

377226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville City Idaho Falls
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) the same

4. **FULL NAME OF CHILD** Charlotte Elizabeth M Young

5. Date of Birth of Child (Month, day, year) Sept 2- 1900

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alfred Young
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Emily A. Olin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ____ years, and that The Midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betty Emely Young Crowley Signature

P.O. Address

Subscribed and sworn to before me this 17th day of August, 19 43

(SEAL) Lois Irwin, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-122-084-165

377250

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? I yrs.

3. **RESIDENCE OF FATHER** (city, state) I

4. **FULL NAME OF CHILD** James Clifton Barton

5. Date of Birth of Child (Month, day, year) 2-22-1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Madison Barton
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Graves County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Gertrude Jones
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pilot Oak Kentucky (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum attendant does not remember

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minne (First name) Bartom (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Charlotte Palmer Midwife Address Weiser Idaho Date Aug 18/1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-32-026-461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377329
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Grant
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Grant
   (d) Street Address or R.F.D. No. 2 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grant Idaho

4. **FULL NAME OF CHILD** Edna Evelyn Taylor

5. Date of Birth of Child (Month, day, year) Nov. 29, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyman A. Taylor
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Sloane
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 42 years, and that Harriet (First name) Isabell (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lyman Taylor Signature
Idaho Falls Ida. Rt 2 P. O. Address

Subscribed and sworn to before me this 12th day of August, 1943

(SEAL) J. Adams, Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1943 by Wm. H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-213-025-863

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 377351
Registrar's No.

State of IDAHO

1. PLACE OF BIRTH:
(a) County Idaho
(b) City or town Kooskia (rural)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Home
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution xx In this community 10 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Idaho
(c) City or town Kooskia (rural)
(If outside city or town limits, write RURAL)
(d) Street No.
(If rural, give location)

3. Full name of child Viola (Spencer) [redacted]
4. Date of birth May (Month) 13 (Day) 1900 (Year)
5. Sex: Female
6. Twin or triplet XX If so—born 1st, 2d, or 3d xx
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Johnson Spencer
10. Color or race Indian 11. Age at time of this birth 23 yrs.
12. Birthplace Kooskia (City, town, or county) (rural) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming - Stockraising

MOTHER OF CHILD
15. Full maiden name Nancy Holmes
16. Color or race Indian 17. Age at time of this birth 22 yrs.
18. Birthplace Clearwater (City, town, or county) (rural) (State or foreign country)
19. Usual occupation Housekeeper
20. Industry or business "

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? 4
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
Kooskia, Idaho.

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 9:A m. on the date above stated and that the information given was furnished by Mrs. Julia H. Wohlenburg, related to this child as Attendant
24. Date received by local registrar AUG 30 1943
25. Registrar's own signature [signature]
26. Date on which given name added by [signature] (Registrar)

Attendant's own signature Mrs. Julia H. Wohlenburg
~~M. D., midwife, or~~ other Attendant Date signed 4/26/43
Address Kooskia, Idaho.

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that Viola (Spencer) Morris, according to the official Census records of this Agency was born May 13th, 1900 near Kooskia Idaho is 3/4 degree Indian, being an enrolled member of the Nez Perce tribe of Indians under this jurisdiction.

[signature]
A. G. Wilson
Superintendent

653 ~~201~~ -035-245

377853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Ida

4. FULL NAME OF CHILD Sadie Elizabeth Welker

5. Date of Birth of Child (Month, day, year) Oct. 1, 1900

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George W. Welker
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Estella Kunes
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Driftwood, Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of NezPerce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Elizabeth (First name) Welker (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha A. Vaughan Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 1943

(SEAL) John L. Whalley Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1943 by Maud Fielder, Registrar.

NOV 20 1962

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-117-035-183

37360

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Melrose
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Melrose
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Melrose, Idaho

4. **FULL NAME OF CHILD** Karl Ellis Simonson

5. Date of Birth of Child (Month, day, year) Sept. 17, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew John Simonson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Horsens, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer and Hotel owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Kristina Ahlborg
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sunne, Vermland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 - years, and that Mrs. Mary Hoke (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma K. Simonson Signature

734 Glenview Road, Glendale, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of August, 1943

(SEAL)

Winifred M. Berryhill, Notary Public, residing at Los Angeles

My Commission Expires July 30, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1943 by Mabel Hilders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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96201-040-044

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Wallace Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lee Rosenbaum

5. Date of Birth of Child (Month, day, year) June 21st 1900.

6. Sex Male

7. Twin or Triplet

If so—born 1st, [illegible]

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** David Rosenbaum
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Westphalia (City or town) Germany (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris Summerfield.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lieban (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Close friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 8 yr years of age, that I have known this person for Since Birth years, and that Dr Lehman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hettie Cohen Signature

2834 Boylston No P. O. Address

Subscribed and sworn to before me this 3rd day of August 1943, 19 Seattle Wash

(SEAL) Myer Cohen, Notary Public, residing at Seattle Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-230-025-754

377405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Grace Sophrona Hamill

5. Date of Birth of Child (Month, day, year) Dec. 30 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Hamill
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Belfast, Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Perjue
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Centerville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 42 years, and that Dr. George Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hallie Hamill Signature

1129 S E 25th Ave. Portland, Oregon Address

Subscribed and sworn to before me this 30th day of Aug, 19 43

(SEAL)

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES DEC. 29 1945

M E Parker, Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1943 by Mary Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

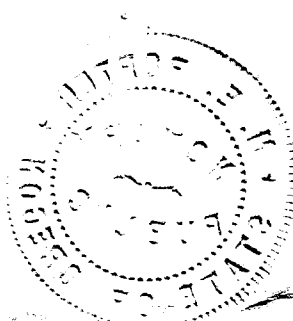
SEP 13 1943

FEB 5 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



866-223-026-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wilma Howe

5. Date of Birth of Child (Month, day, year) May 23 - 1900

6. Sex Female 7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Turner Howe
11. Color or Race White 12. Age at time of THIS birth ..... yrs.
13. Birthplace Cotton wood Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margrett Kate Howe
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Centerfield Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Dr. Paxton, M.D. (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David D. Prophet Signature
Rigby-1, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of August, 1943
(SEAL) Kathy G. Kearnett Notary Public, residing at Rigby
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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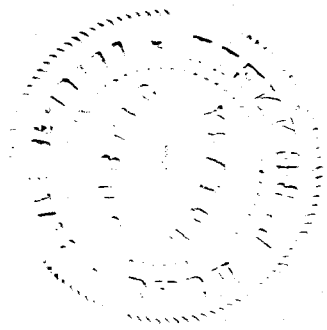


314-126-033-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377436
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roosevelt-Utah

4. **FULL NAME OF CHILD** George Leonard Campbell
5. Date of Birth of Child (Month, day, year) Aug 26 1900
6. Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Frank Campbell
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Dixie (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Jensen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation ~~[illegible]~~ Housewife
21. Industry or Business ~~Hotel~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that The Person (First name) (Last name), who attended this birth Cannot be located ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Campbell Jeppson Signature
Grand Hotel 219 Fremont Las Vegas P.O. Address

Subscribed and sworn to before me this 16th day of August, 1943
(SEAL) Marion B. Earl Notary Public, residing at Las Vegas Nevada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1943 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-113-203-113

377507

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No. Route No. 1
   (d) Name of Hospital or Maternity Home: at home - 4 miles South of Downey, Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No. Route No. 1
   (e) How long has **MOTHER** lived in Idaho? lifetime yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Charles Adelbert Pratt

5. Date of Birth of Child (Month, day, year) October 13, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Melvin Pratt
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bannock, Montana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvira Jackson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for lifetime years, and that Dr. Mowt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George M. Pratt Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of September, 1943.

(SEAL) ___, Notary Public, residing at Downey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1943 by ___, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-104-036-613

377575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Ona Virgil Walker

5. Date of Birth of Child (Month, day, year) June 24, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Eugene Walker
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Little Cotton Wood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bower }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Emily Fish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Walker Signature

Rockland Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Sept., 1943.

(SEAL) Thos. B. Barnard, Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Hall, Registrar.

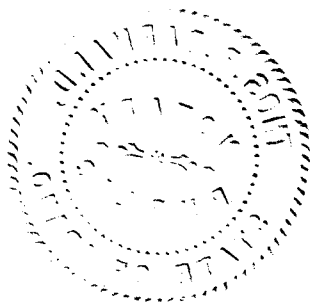
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



279-229-029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378754
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Latah years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Mary Ann Spitler

5. Date of Birth of Child (Month, day, year) Nov. 29, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Isaac M Spitler
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Armintha Mc Carter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Osage Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Dr Olson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Spitler Signature
R.t. 6, Box 117D, Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 20th day of Sept., 19 43

(SEAL) Helen Stine, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-218 040 419

378150

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Dudley Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Dudley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Dudley Idaho

4. FULL NAME OF CHILD Hattie Mae Williamson

5. Date of Birth of Child (Month, day, year) May 18 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Asa Branch Williamson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Olympia (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Mona Martin
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace McMinnville (City or town) Ore. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Leona (First name) Stalder (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Mrs. Nettie Hurst (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Mona Stalder Signature
Kettle Falls P. O. Address

Subscribed and sworn to before me this 26th day of May, 1943

(SEAL) Cecilia A. Cathcart Notary Public, residing at Davenport Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1958

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-215 022-743

378781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Zora Beryl Green
5. Date of Birth of Child (Month, day, year) Oct. 15-1900
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jeremiah Smyth Green
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kittanning (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Janet Pulley
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) Green (Last name), who is related as Brother (mother is deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of State of Idaho } ss.
County of Clearwater }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that James (First name) Green (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Green Signature
Greer, Ida P. O. Address

Subscribed and sworn to before me this 31 day of August, 1943

(SEAL) J. Stingel P.M., ~~Notary Public~~, residing at Greer Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-109-006-215

378793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or ~~R.F.D.~~ No. Idaho State
   (d) Name of Hospital or Maternity Home: none at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vernon Evan Layton
5. Date of Birth of Child (Month, day, year) Jan 9, 1900
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Evan Layton
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Albany (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Belle Sandy
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Sandyville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all his life years, and that Mrs. Maurer Riggie (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Belle Layton Signature
Cornelius Or R1 P. O. Address

My commission expires May 17, 1945

Subscribed and sworn to before me this 18 day of Sept, 1943

(SEAL) [signature], Notary Public, residing at Hillsboro Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

SEP 24 1943

Received for filing on ..... by Mabel Helfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-210036-231

378831 378831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Neeley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida, now Power
   (c) City Neeley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Neeley, Idaho

4. **FULL NAME OF CHILD** Sarah Aetna Thornton

5. Date of Birth of Child (Month, day, year) May 10, 1900.

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas James Thornton
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace San Bernardino, Calif. (City or town) (State or foreign country)
14. Exact Occupation farmer and stockman
15. Industry or Business farming and stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Stanger
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Slaterville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 43 years, and that Sarah (First name) Stanger (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Randall Dunn Thornton Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of October, 1943.

(SEAL) W. Choofbourrow, Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-214044-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Mineral
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Baker
   (c) City Baker
   (d) Street Address or R.F.D. No. D Street
   (e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Baker, Oregon

4. **FULL NAME OF CHILD** Mary Susie Fresh

5. Date of Birth of Child (Month, day, year) March 14, 1900

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edward Fresh
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lunetti Jane Darr
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business house keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver of nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (First name) (Last name), who attended this birth XXXXXXXXXXXXXXXX (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie L. Varney Signature

7527 S.E. Martin St, Portland P. O. Address

Subscribed and sworn to before me this 28th day of September, 19 43.

(SEAL) Alice A. Bachofner, Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 2 1943 by Mary Helder, Registrar.

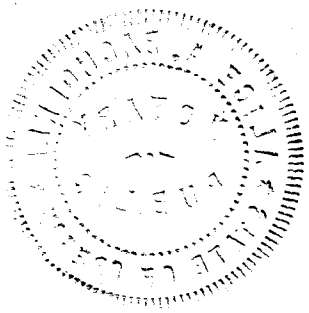
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may ~~be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-207003 553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378928
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Genevieve White

5. Date of Birth of Child (Month, day, year) Feb 7, 1900

6. Sex female

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Barnard John White
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Avon, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Nelson [redacted]
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ogden, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for entire life years, and that Jane Rollwinkle Hale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barnard John White Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 29 day of September, 19 43.

(SEAL) [signature], Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1939

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-213036-119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad City, Idaho

4. **FULL NAME OF CHILD** Margery Lorey

5. Date of Birth of Child (Month, day, year) Feb. 13, 1900

6. Sex Female

7. Twin or Triplet

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David W. Lorey
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Jardine
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy Nine years of age, that I have known this person for Forty three years, and that Dr. Ida Bradley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Jardine Lorey — Signature
Malad City, Idaho — P. O. Address

Subscribed and sworn to before me this 25 day of September, 1943

(SEAL) Katherine Jacobs, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-102-002-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379065
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** Raymond Earl Lakey

5. Date of Birth of Child (Month, day, year) Sept. 2. 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jacob Lee Lakey
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Weston (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Montgomery
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Coos } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Martha Montgomery (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydie Lakey Signature
Myrtle Point, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of October, 1943.

(SEAL) E. C. Roberts, Notary Public, residing at Myrtle Point Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires June 19, 1944

Received for filing on OCT 19 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-218-037 365

380419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 61 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Idaho

4. **FULL NAME OF CHILD** Margaret Elizabeth Hutchison

5. Date of Birth of Child (Month, day, year) July 18, 1900

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hutchison
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace North Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Conner
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Nevada City Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Maggie (First name) Dunning (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Conner Hutchison Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 19 43

(SEAL) A. L. Golden, Notary Public, residing at Bruneau, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1943 by W. J. Golden, Registrar.

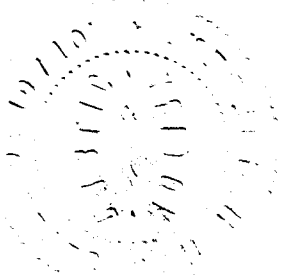
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



769 201001-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380428
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1602 N. 7th St.,
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1602 N. 7th St.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Nancy Elinor Pointer

5. Date of Birth of Child (Month, day, year) Sept. 1, 1900

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel James Pointer
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Knoxville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hettie E. Stillwell
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Doniphan Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Samuel James Pointer (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Elizabeth Turner (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel J. Pointer Signature
8953 San Carlos Ave. South Gate, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of October, 1943

(SEAL) H. O. Hayward, Notary Public, residing at South Gate
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 4, 1947.

Received for filing on OCT 26 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or~~ in case of ~~failure~~ to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 222006-215

380451

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. N. Water Ave.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. N. Water Ave.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Keith Alba Martin

5. Date of Birth of Child (Month, day, year) June 22 1900

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Grant Martin
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Wallsville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Private Practice

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella May Sanders
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Danville, Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Dr. Franklin LaRoue (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Genevieve Salick Signature
4410 City Terrace Dr. Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 13th day of October, 19 43.

(SEAL) Mary A. Hughes Notary Public, residing at 3854 City Terrace Dr.
My Commission Expires July 26, 1946

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-220 019 693

380547 380547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Lucky Boy Mine
   (c) Street Address or R.F.D. No. out of Custer
   (d) Name of Hospital or Maternity Home: Home of Mother, Custer, Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Lucky Boy Mine, Custer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) As above

4. **FULL NAME OF CHILD** Martha Hollie Howell

5. Date of Birth of Child (Month, day, year) Nov. 20-1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reuben N. Howell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Williams
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clifton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for All her life years, and that Mrs. Hollie (First name) Elder (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires March 27, 1944

Catherine Howell Signature

115 Surf St., Ocean Park, Calif P. O. Address

Subscribed and sworn to before me this 5th day of November, 1943.

(SEAL) Lena Hease, Notary Public, residing at Ocean Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-216019 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Barton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Barton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Barton Idaho

4. FULL NAME OF CHILD Hazel Cloward

5. Date of Birth of Child (Month, day, year) Sept-16-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Thomas Cloward
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pawn Town Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Story
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fort Atkinson Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Hazel Cloward (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Johnson x Signature

2941 S. Gladys [illegible] P. O. Address

Subscribed and sworn to before me this 26 day of October 1943

(SEAL) George L Murdock Notary Public, residing at 1203 Montpelier St N. H. Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

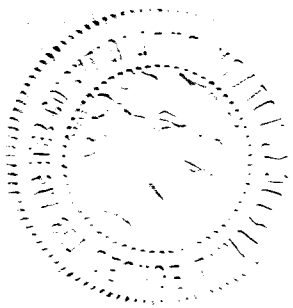
Received for filing on NOV 8 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-223-225-294

380721

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Esther Carrie Johnson

5. Date of Birth of Child (Month, day, year) Dec. 23, 1900.

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ole Edward Johnson
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gussie Kidder
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Missouria (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Carrie Johnson (First name) (Last name), who attended this birth as midwife, now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gussie Kidder Thelen Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by , Registrar.

DEC 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-211-044-964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381826
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Cambridge, Idaho,
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ----
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ? years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ____ (b) County ____
   (c) City ____
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Rosa Evelyn (Rodifer) [redacted]

5. Date of Birth of Child (Month, day, year) July 11 1900

6. Sex female

7. Twin or Triplet single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Rodifer
11. Color or Race white
12. Age at time of THIS birth 60 yrs.
13. Birthplace ? (City or town) Virginia (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Rodgers
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace ? (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Pennsylvania } ss.
County of Allegheny }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for forty-three years, and that the Doctor (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Liburn Good Signature

4600 Bayard Street, Pittsburgh, Pa. P. O. Address

Subscribed and sworn to before me this 13th day of November, 19 43.

(SEAL) A. C. Swanson, Notary Public, residing at 3707 - 5th Ave. Pittsburgh, Pa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

...COM, Notary Public
MY COMMISSION EXPIRES
APRIL 1, 1945

Received for filing on NOV 26 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

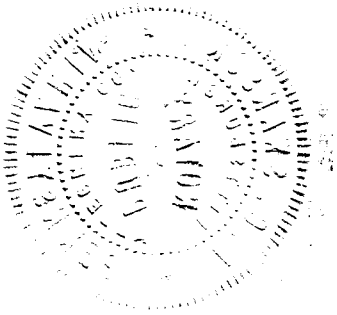
JAN 25 1962

DEC 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau~~ of Vital ~~Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-22-014-997

381862

381862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381862
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county App. 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? App. 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho.

4. **FULL NAME OF CHILD** Norma Fay Langroise

5. Date of Birth of Child (Month, day, year) 8/24/1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Charles Langroise
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idaho May Riggs
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Emmett, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Ada. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Dr. Eugene (First name) Clymer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Riggs Langroise Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1943

(SEAL) ____, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1943 by ____, Registrar.

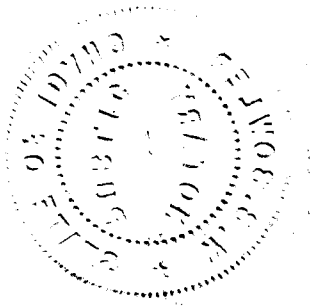
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-116-006-493

381874

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381874
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** CARROLL DYLE CARPENTER

5. Date of Birth of Child (Month, day, year) Nov. 16, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Dyle Carpenter
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Detroit, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Evelyn Mills
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Columbus, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mrs. (First name) Jimmett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose E Carpenter Signature

Route 1, Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of December, 1943.

(SEAL) Clara L McFarlane, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1943 by Mabel Fylden, Registrar.

DEC 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-215-001-813

381904

381905

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381905
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 11th State St
   (d) Name of Hospital or Maternity Home: HOME RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 11th State St.
   (e) How long has **MOTHER** lived in Idaho? 6 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** HELEN Jrnly McDONALd

5. Date of Birth of Child (Month, day, year) 15-JUNE 1900

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Hugh McDonALd
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Nova Scotia Canada (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OSA Maud Hatfield
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace OSAWATAME KANSAS (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was A LIVE (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Marguerite (First name) HINMAN (Last name), who is related as SISTER (Mother, etc.)

25. Attendant's **OWN** signature Marguerite Hinman M.D. Midwife Address 930 Lincoln Ave Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Doctor (First name) HAILEY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marguerite Jessie Hinman Signature
930 Lincoln Ave, Alameda P. O. Address

Subscribed and sworn to before me this 9th day of December, 19 43

(SEAL)

NOTARY PUBLIC
IN AND FOR THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA

Fabian Gribner, Notary Public, residing at Alameda, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Holden, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-102-001-895

381907

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. # 2
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county seven years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Marvin Nicholes Casey

5. Date of Birth of Child (Month, day, year) May 2, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Casey
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Clinton County (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Hinshaw
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Marion County (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Nine (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2: 15 A M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Casey (Last name), who is related as Older Brother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Older Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for 43 years, and that Mrs (First name) Doctor (Last name) Spaulding, who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. H. Casey Signature

Boise, Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 3 day of January, 1944.

(SEAL)

Dale Hatt, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1944 by ____, Registrar.

Mabel Hall

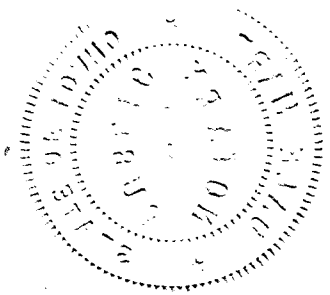
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



557-130-006-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Birth at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elmer John William England

5. Date of Birth of Child (Month, day, year) Mar 30 1900

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy regular

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Vicilo England
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer stockraiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Stewart
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Plain City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by John Vicilo (First name) England (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Mary A Hatch ~~M.D.~~ Midwife Address 331 North 4 East Logan Utah Date Nov. 18 1943

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for Since Birth years, and that Mary A. Hatch (First name) (Last name), who attended this birth I attended (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Hatch, Signature
331 North 4 East Logan Utah P. O. Address

Subscribed and sworn to before me this 18 day of November, 1943
(SEAL) Nerd G Dames, Notary Public, residing at Logan Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-117-034-215

381937

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Hagerman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Their Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Hagerman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edgar Eugene Sherman

5. Date of Birth of Child (Month, day, year) 10/17/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Sherman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Sant
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Eliza Sherman Signature

P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 43

(SEAL) Notary Public, residing at Port Townsend

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1943 by , Registrar.

DEC 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-129-018-249

382038

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

DEC 13 1943 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Haley
   (c) Street Address or R.F.D. No. Cherry
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Haley
   (d) Street Address or R.F.D. No. Cherry
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Haley

4. **FULL NAME OF CHILD** Joseph Allen Page Green

5. Date of Birth of Child (Month, day, year) April 29th 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George P. Green
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Nephi (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Eliza Smith
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Klamath } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that Dr (First name) Brown (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E. Riley Signature

6225 SE. 88th Ave. Portland, 6, Oregon P. O. Address

Subscribed and sworn to before me this 27 day of November, 1943.

Commission expires 9-11-1945 E. B. Redman, Notary Public, residing at Klamath Falls Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 225006 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kathryn Priscilla Bennett

5. Date of Birth of Child (Month, day, year) Oct. 25, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Thomas J. Bennett
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Connahs Quay, Flintshire, N. Wales (City or town) (State or foreign country)
14. Exact Occupation Clerk (shoe Department)
15. Industry or Business Mercantile (Branch Z.C.M.I.)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Paterson Smith
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Beaver City, Utahø (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Mrs. Shippen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grover T Bennett Signature
Shelley Idaho P. O. Address

Subscribed and sworn to before me this 20th day of December, 1943

(SEAL) Harlayne Justice Notary Public, residing at Salt Lake County Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231107029253

383131

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 620 So. MAINE
(d) Name of Hospital or Maternity Home: OLD GRITTMAN HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 620 So. MAINE
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dewey Kelley BLACKEY

5. Date of Birth of Child (Month, day, year) July 7 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME JAMES W. BLACKEY

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace INDIANA (City or town) (State or foreign country)

14. Exact Occupation City Police

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Kelley [redacted]

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Nebraska (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____ Both are Dead Now

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the a Friend (Mother, etc.) of the person whose name appears in Item 4, above that I am now 62 years of age, that I have known this person for 43 5/12 years, and that Dr. C. L. Gutman (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. G. Williamson Signature

P. O. Address

Subscribed and sworn to before me this 14 day of December, 1943

(SEAL) Lawrence Hall Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

DEC 24 1943

Received for filing on ____ by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 210 044 349

United States
Department of Commerce
Bureau of the Census

DEC 24 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City WEISER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City MOSCOW
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW, IDAHO

4. **FULL NAME OF CHILD** OLIVE RUTH BUCHANAN

5. Date of Birth of Child (Month, day, year) JULY 10, 1900.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** AMOS MILTON BUCHANAN
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace JOPLIN, MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FANNIE RUTH TURNIDGE
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace Dallas (City or town) Oregon (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that ..... (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Fox Signature

Elko, Nevada P. O. Address

Subscribed and sworn to before me this 15 day of Sep, 1942

(SEAL) [signature], Notary Public, residing at New Meadows

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

FEB 5 - 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 114 035 364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Gifford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Gifford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Idaho

4. **FULL NAME OF CHILD** William Marion Kelley

5. Date of Birth of Child (Month, day, year) December 14, 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester Marion Kelley
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Berry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Deliah L. Lough
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Berry County, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of NEZ PERCE } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years years, and that Dr. E. E. Watt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvester Marion Kelley Signature

Gifford, Idaho, P. O. Address

Subscribed and sworn to before me this [illegible] day of January, 1944.

(SEAL) [illegible], Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-218003 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 884583
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Perry Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thalia Maurine Hale
5. Date of Birth of Child (Month, day, year) July 18-1900
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Franklin George Hale
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elizabeth Hammond
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Ellen V. Hale (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin G. Hale Signature

P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943

(SEAL) R B Smith, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth ~~of a~~ child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in ~~the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-115-007-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Ketchum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Ketchum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ketchum Ida.

4. **FULL NAME OF CHILD** Arnold Emery McCoy.
5. Date of Birth of Child (Month, day, year) Mar 15, 1900
6. Sex Male
7. Twin or Triplet No
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington McCoy
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Trowell County Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Bailey
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Churn Town Shasta County Calif. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for Life Time years, and that Mrs. Rothwell (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane McCoy Signature
Ketchum, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of February, 1944

(SEAL) R. H. McCoy, Notary Public, residing at Hailey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-111 006-249

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384764
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gilbert Lorenzo Hess

5. Date of Birth of Child (Month, day, year) 7/11/1900

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Maroni Hess
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Abigail Smith
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that L. P. or L. P. Jr. Bringhurst (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Jesse W. Hess Signature
Route 1, Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1944

(SEAL) E. E. Bringhurst, Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mary Helen, Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 125 014962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384770
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 403 11 av. S
   (d) Name of Hospital of Maternity Home: ✓
   (e) Mother's stay **BEFORE** delivery: ✓
   In Hospital or Maternity Home ..... Days
   In THIS county 9 years 9 months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 403-11 av. S.
   (e) How long has **MOTHER** lived in Idaho? 9-+ yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Harold Edwin Mussay

5. **DATE OF BIRTH** (Month, day, year) Jan-25-1900

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph H. Mussay

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Noble Co. Indiana
(City or Town) (State or foreign country)

14. Exact Occupation Physician

15. Industry Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary J Robertson

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Ontario Canada
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by J.H. Mussay (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 18 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J.H. Mussay M.D. (D.O., Midwife, etc.)
and address Nampa Ida. Date Jan 23 1943

APR 7 1959

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

345-312-033-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385850
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LEWISTON
   (c) Street Address or R.F.D. No. UNKNOWN
   (d) Name of Hospital or Maternity Home: UNKNOWN
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LEWISTON
   (d) Street Address or R.F.D. No. UNKNOWN
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) LEWISTON IDAHO

4. **FULL NAME OF CHILD** HAZEL LINDSEY

5. Date of Birth of Child (Month, day, year) 1/12/1900

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM ALLEN LINDSEY
11. Color or Race WHITE
12. Age at time of THIS birth UNKNOWN yrs.
13. Birthplace RAPPAHANOCK VALLEY (City or town) VIRGINIA (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY CYNTHIA BURNHAM
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace UNKNOWN (City or town) NEW YORK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / X Midwife — Address NAME UNKNOWN — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Yakima } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Lindsey Signature

P. O. Address

Subscribed and sworn to before me this 19th day of February, 1944

(SEAL)

A M Dalke, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1944

NOV 29 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-207-007-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386012
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None (Delivered in own home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1898-1910 yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo, Idaho

4. **FULL NAME OF CHILD** Viola Loving

5. Date of Birth of Child (Month, day, year) October 7, 1900

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Calahill Loving
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Roanoke Country, (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Lawrence
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace ? ? (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of ~~Blaine~~ Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-four years of age, that I have known this person for forty-three years, and that Mrs. Sallie Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Loving Signature

Gooding Ida P. O. Address

Subscribed and sworn to before me this 25th day of February, 1944

(SEAL) Lieuen A. Lucke, Notary Public, residing at Gooding Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1944 by Mabel Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1944

MAY 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-225-278-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Frances Fern Fisher

5. Date of Birth of Child (Month, day, year) Oct. 25, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Fisher
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Harrisville, Mich. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Lewis
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Farmersville, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Alice (First name) Lindstrom (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Lindstrom Signature

St. Maries Idaho P. O. Address

Subscribed and sworn to before me this 28th day of Feb., 1944, Marion E. Speer, Notary Public, residing at Seattle

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1944 by Mabel Holden, Registrar.

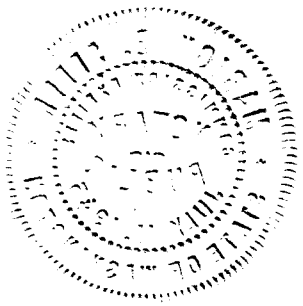
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City So. Boise
(c) Street Address or R.F.D. No. Rossi St.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City So. Boise
(d) Street Address or R.F.D. No. Rossi St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD victor Ola Nelson

5. Date of Birth of Child (Month, day, year) 8-5-1900

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Axel Nelson
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Broby, Sweden (City or town) (State or foreign country)
14. Exact Occupation sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Emaline Small
17. Color or Race
18. Age at time of THIS birth 35 yrs.
19. Birthplace Brooklyn, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no physician

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 41 years, and that Mrs. (First name) Burtch (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Emaline Nelson Signature
Boise Idaho 1205 Euclid P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42.

(SEAL) Catherine N. Robertson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386091

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386091
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** EDWARD CLINTON TYLER

5. Date of Birth of Child (Month, day, year) October 31, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marvin Tyler
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Filmore (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~Emma~~ Eliza Hunter
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive 2 and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Marvin (First name) Tyler (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Mrs Jane Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marvin Tyler Signature

Rockland P. O. Address

Subscribed and sworn to before me this 27th day of March, 1944

(SEAL) Thos B Barnard Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

137-121-206-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386153
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City VICTOR
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City VICTOR
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) VICTOR, IDAHO

4. **FULL NAME OF CHILD** HOWARD SPENCER ALLEN

5. Date of Birth of Child (Month, day, year) APRIL 21, 1900

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES ALBERT ALLEN
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace MANTI, UTAH (City or town) U.S.A. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELLEN ALLEN
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace WASHINGTON UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of HUMBOLDT } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 50 years of age, that I have known this person for 43 years, and that EDITH. EANAN, MIDWIFE (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 26 day of February, 1944

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1944 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-209-022-296

386162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 386162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rigby
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home: Born at home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Mary LaTish Lowder

5. Date of Birth of Child (Month, day, year) Jan. 9, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Grant Lowder
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Richmond (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Brown
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kansas City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of San Joaquin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for life time years, and that Doctor - C. G. Paxton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. My commission expires 2-11-48

Ada L. Sprecher Signature

705 E. Lindsay Apt. 8, P. O. Address

Stockton, Cal.

Subscribed and sworn to before me this 7th day of March, 1944

(SEAL)

Lydia Kolhes, Notary Public, residing at Stockton, Calif. San Joaquin County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1944 by Mabel Tyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-243-033-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386194
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison. (b) City Rexburg.
   (c) Street Address or R.F.D. No. None.
   (d) Name of Hospital or Maternity Home: Was born in her residence.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Madison.
   (c) City Rexburg.
   (d) Street Address or R.F.D. No. None.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho.

4. **FULL NAME OF CHILD** Thelma Harriet Ricks.

5. Date of Birth of Child (Month, day, year) Dec. 23rd, 1900.

6. Sex Female.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joel Justin Ricks.
11. Color or Race White.
12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan. (City or town) Utah. (State or foreign country)
14. Exact Occupation Transfer business.
15. Industry or Business Moving and Hauling.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elliott.
17. Color or Race White.
18. Age at time of THIS birth 24 yrs.
19. Birthplace Yorkshire, England. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Homekeeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California. } ss.
County of Los Angeles. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Dr. Rich (First name) ____ (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Ricks. Signature

572 Gerhart Ave., Los Angeles, 22. Calif. P.O. Address

Subscribed and sworn to before me this 9th day of March, 1944

(SEAL)

Robert Hughes, Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mary Hilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293 121014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387267
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett (Now Gem)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Jennings Bryan Bilbrey
5. Date of Birth of Child (Month, day, year) 2-21-1900
6. Sex M
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isom H. Bilbrey
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Wilson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Minnie Everheart (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Bilbrey Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1944.
(SEAL) [signature], Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home of parent
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Willard Mike Vaughn

5. Date of Birth of Child (Month, day, year) Aug. 12th 1900

6. Sex Male

7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion F. Vaughn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise, (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Eliza Richardson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Plain City, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. O. W. Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive E. Vaughn Signature

P. O. Address

Subscribed and sworn to before me this 21st day of March, 19 44.

(SEAL) J. T. Arnold, Notary Public residing at Bend, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 8/1/44

Received for filing on MAR 24 1944 by Mabel Fulger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 22 7022593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387306
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City FARNOM
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Fremont
   (c) City FARNOM
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) FARNOM, IDAHO

4. **FULL NAME OF CHILD** BARBARA KATHERINE HOUSTON
5. Date of Birth of Child (Month, day, year) OCT 27 1900
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES CARBRAY HOUSTON
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace GLASGOW (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business RAILROADING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELLEN NICHOLS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace COXENNEARTINE (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME MAKER

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Platte } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 plus years, and that James Carbray (First name) Houston (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Juanita Rivera Signature
Wheatland Wyo P. O. Address

Subscribed and sworn to before me this 15th day of March, 1944

My commission expires June 20, 1945 W B Jones, Notary Public, residing at Wheatland, Wyo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo, Idaho

4. **FULL NAME OF CHILD** Benjamin Earl Niedermeyer

5. Date of Birth of Child (Month, day, year) April 24, 1900

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gottlieb Carl Niedermeyer
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Strawberry Point, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma L. Hinshaw
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Richland Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Emma Niedermeyer Signature

P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 44.

(SEAL)

Mark Greenberg, Notary Public, residing at Long Beach Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mary Hilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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387526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Le Roy Day

5. Date of Birth of Child (Month, day, year) Nov. 24, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnancy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Addison Day
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Draper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Jennett Whittle
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was November 24 (Born alive, stillborn) at 1900 M. on the date and at the place stated above, and that personal particulars were furnished by Ann Jannette Whittle (First name) (Last name) who is related as Grandmother (Mother, etc.) deceased

25. Attendant's **OWN** signature Midwife M.D. Midwife Address Oakley, Idaho Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43+ years, and that Ann Janette Whittle (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A Day Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1944

(SEAL) Henry W. Tucker, Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 208 035 356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 5th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 5 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 5th Street
(e) How long has **MOTHER** lived in Idaho? 5 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Marian Elizabeth Walker

5. Date of Birth of Child (Month, day, year) Sept 8th 1900

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ray D Walker
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Potosi (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business Practicing Attorney

MOTHER OF CHILD

16. FULL MAIDEN NAME Lela E Lewis
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Patch Grove (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Wisconsin } ss.
County of Grant }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since Birth years, and that J B Morris M D (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray D Walker Signature
Lancaster, Wis. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1944.

(SEAL) Marie McEarthey Notary Public, residing at Lancaster, Wisconsin

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 4 1966

APR 1 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 124 006 363

United States Department of Commerce Bureau of the Census

APR 17 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387601
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Prospect
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Prospect
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Prospect Idaho

4. **FULL NAME OF CHILD** Albert Tolley Downs

5. Date of Birth of Child (Month, day, year) 24 Sept 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Downs
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Stonegravel Dalbyshire England (City or town) (State or foreign country)
14. Exact Occupation Laborer on Farm
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lovina Eliza Tolley
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Nephi Utah (City or town) (State or foreign country)
20. Exact Occupation Domestic work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Henry (First name) Downs (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah } ss.
County of Davis }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Father, Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Sarah Ann Howard (First name) Midwife (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Downs Signature

Box 123 Beautiful Utah P. O. Address

Subscribed and sworn to before me this 15th day of April, 1944

(SEAL) Wendell B Hammond, Notary Public, residing at Beautiful Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-122-024-666

388678

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388678
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: unknown
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Washington (b) County Spokane
   (c) City Spokane
   (d) Street Address or R.F.D. No. 25 E. Third Ave
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) as above in no. 2 deceased now

4. **FULL NAME OF CHILD** Clarence Eldon Ford

5. Date of Birth of Child (Month, day, year) November 22, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence LaFayette Ford
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Estes Wood
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for over 43 years, and that all parties (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie E. Ford Signature
Box 492 Newport, Washington P. O. Address

Subscribed and sworn to before me this 16 day of May, 1944

(SEAL) Shae J. Barker, ~~Notary Public~~, residing at Auditor Pend Oreille County, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1944 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-103 p 36-386

388730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Pleasant View
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 10 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Pleasant View
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pleasant View, Ida.

4. **FULL NAME OF CHILD** Charles Thomas Wight

5. Date of Birth of Child (Month, day, year) Feb. 3" 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Alma Wight
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Dorothy Thomas
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Doctor Jones (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emeline Thomas Wight Signature

Malad, Idaho Holbrook Star Route P. O. Address

Subscribed and sworn to before me this 18th day of April, 1944.

(SEAL) J. V. Fredrickson, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

681-105-022-969

388731

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388731
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Burton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home None - Born in parents home
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Burton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Burton, Idaho

4. FULL NAME OF CHILD Jacob Elmer Wharton

5. Date of Birth of Child (Month, day, year) Feb. 5, 1900

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James McBride Wharton
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizebeth Zwifel
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Midway, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business (Deceased 1938)

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Lassen }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Doctor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Dr. Hyde (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

COMMISSION EXPIRES JAN. 26, 1945

James M Wharton Signature

Standish Calif P. O. Address

Subscribed and sworn to before me this 4th day of April, 1944

(SEAL) Allen Wilford Notary Public, residing at Westwood, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/5 230014-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City NAMPA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3-5/6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Namoa, Idaho.

4. **FULL NAME OF CHILD** LOIS KATHERINE DAVIS

5. Date of Birth of Child (Month, day, year) 10/30/1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN PATTERSON DAVIS
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace NILES (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation ATTORNEY
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATE EMME GRANT (DAVIS)
17. Color or Race WHITE
18. Age at time of THIS birth NO yrs.
19. Birthplace MONMOUTH (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have ~~known~~ this person for 43 years, and that Dr. Fred Kohler, Physician (First name) (Last name), who attended this birth deceased (Is now deceased) ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Kate E. Davies Signature

2418 Harvard Ave No. Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1944.

(SEAL) Nelly G. Preston, Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 5 1961

MAY 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 108 030 966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon City Idaho

4. **FULL NAME OF CHILD** Burrel Emerald Burke

5. Date of Birth of Child (Month, day, year) Feb. 8 1900

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Burke
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Antoinette Rooker
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rising Sun (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Henry (First name) Burke (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon, County of Tillamook } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 44 years, and that Dr. Whitwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for Oregon
My commission expires Feb. 24, 1945

× Henry Burke Signature
Cloverdale Ore P. O. Address

Subscribed and sworn to before me this 15th day of May, 19 44

(SEAL) Muriel E. Graham, Notary Public, residing at Cloverdale Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1944 by Mabel Holden, Registrar.

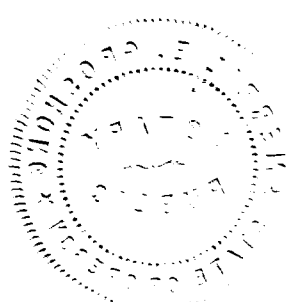
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-208 028-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390086
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (Bonner) (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai (Bonner)
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida

4. **FULL NAME OF CHILD** Neva Marie Hutchinson

5. Date of Birth of Child (Month, day, year) 11-8-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ellis Hutchinson
11. Color or Race American
12. Age at time of THIS birth 38 yrs.
13. Birthplace Augusta (City or town) Me. (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Amerette Blodgett
17. Color or Race American
18. Age at time of THIS birth 38 yrs.
19. Birthplace Do not know (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Bessie Brown (First name) (Last name), who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bonner }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 years, and that Miss La Huguet (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws:

Mrs. Bessie Brown Signature

Portland Oregon P. O. Address
1416 S.E. 52nd Ave

Subscribed and sworn to before me this 22 day of May, 19 44

(SEAL)

Sidney W Mills, Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 15, 1946

Received for filing on MAY 26 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-111 002-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390142
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Salmon Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Two years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Salmon Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harry Busch

5. Date of Birth of Child (Month, day, year) November 11-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Busch
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Balback
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs M E Tompkins Signature

P. O. Address

Subscribed and sworn to before me this 25 day of May, 19 44

(SEAL) Edgar L Beler Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mabel Fuller, Registrar.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-101-040-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330147
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Ray Worsley Lightner

5. Date of Birth of Child (Month, day, year) Sept 1. 1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Curtis Lightner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Chaney [redacted]
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Alice Lightner (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 4 yrs years, and that X (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alice Lightner Signature
Wardner Idaho P. O. Address

Subscribed and sworn to before me this 21 day of Apr, 1943

(SEAL) P. Townsend Notary Public, residing at Kellogg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mary Helgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 201 008-319

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390218
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley, Idaho.
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: In parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Garden Valley, Idaho.

4. FULL NAME OF CHILD Delia Olive Calderwood

5. Date of Birth of Child (Month, day, year) Mar. 1, 1900.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Calderwood
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Portland, Maine (City or town) (State or foreign country)
14. Exact Occupation Miner and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Carpentier
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

(SEE ATTENDANT'S CERTIFICATE ATTACHED)

25. Attendant's **OWN** signature M.D. Midwife Address Date

Jan. 21, 1940

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Father deceased Jan. 21, 1940
Mother deceased Feb. 25, 1940

Delia Olive Calderwood Signature

760 Market St. Rm 409 San Francisco Calif. P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 44.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable under Sec. 17-314, Idaho Code Annotated.)

Notary Public in and for the City and County of San Francisco, State of California
My Commission Expires August 27, 1947

Received for filing on JUN 1 1944 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-230-003-145

390301

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Gladys Ames Gray

5. Date of Birth of Child (Month, day, year) May 30, 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Busby Gray
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Kirkintilloch, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Charity Ames
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Fayetteville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife & Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Andrew Busby Gray (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 43 years, and that Ellen V. Hale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Busby Gray Signature

P. O. Address

Subscribed and sworn to before me this 1st day of June, 1944

(SEAL)

Anna Kelpe Clerk Dist Court, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 111 033-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390369
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. Gen Del,
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Egan

4. **FULL NAME OF CHILD** William Earl Packer

5. Date of Birth of Child (Month, day, year) Dec 11 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Walter Packer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace San Barnidano (City or town) Calif. (State or foreign country)
14. Exact Occupation Laberer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arimenta Elizebath Sharp
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Preston Idaho. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs. Waltz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy E Richards Signature
324 Willard ave Pocatello P. O. Address

Subscribed and sworn to before me this 14th day of June, 1944

(SEAL) [signature], Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1963

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-11-075-253

391475

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391475
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Four yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho.

4. **FULL NAME OF CHILD** George Henry Thomas

5. Date of Birth of Child (Month, day, year) Jan. 11, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Franklin Thomas
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Vinton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Elizabeth Keltner
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ames (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Dr. J. H. Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Nezperce, Idaho. P. O. Address

Subscribed and sworn to before me this 8 day of June, 19 44

(SEAL) , Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-217-006-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or ~~Maternity~~ Home: of Grandmother Anna Jensen Shandrew
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days 10 abt

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Tooele
(c) City D Lake Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Lake Point, Brigham City

4. **FULL NAME OF CHILD** Sylvia Alice Wright

5. Date of Birth of Child (Month, day, year) Oct 17 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Allen Wright
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lake Point (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Alice Shandrew
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for ~~44~~ 43 years, and that Sylv Mrs. Alice Sessions (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary J Yates Signature
R F D, Box 56, Tooele, Utah P.O. Address

Subscribed and sworn to before me this 12 day of June, 1944.

(SEAL) Alene Atkin, Notary Public, residing at Tooele, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1944 by Mabel Helder, Registrar.

Use only BLACK link or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-208-035-133

391521

391521

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** Viola Ester Thornton

5. Date of Birth of Child (Month, day, year) Oct. 8, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Wayne Thornton
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma M. Alloway
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Ada Roberts, Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Clearwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Ada Roberts (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma M Alloway Thornton Signature

Orofino Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 19 44

(SEAL)

Carrol E. Brock, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1944 by Mabel Holden, Registrar.

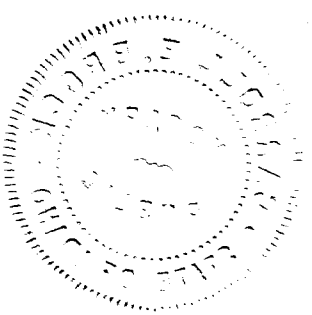
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-105-cd-683

391559 391559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City DeLamar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City DeLamar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall, Idaho

4. **FULL NAME OF CHILD** Fred Lloyd Williams

5. Date of Birth of Child (Month, day, year) August 5, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lloyd Williams
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hereford (City or town) England (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Ohl
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Danville (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Music Teacher
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Attendant Unknown (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Pennsylvania } ss.
County of Luzerne }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 44 (less 2 da) years, and that the physician (First name) [illegible] (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Williams Signature

314 W. Green St., Hazleton, Penna. P. O. Address

Subscribed and sworn to before me this 12th day of July, 1944.

(SEAL) Ruth Y. Thomas, Notary Public, residing at Hazleton NOTARY PUBLIC

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expire March 19, 1947

Received for filing on JUL 28 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-024-025-666

391577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Mount Idaho
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Mount Idaho
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mount Idaho, Ida

4. **FULL NAME OF CHILD** Zella Gladys Mc Cready

5. Date of Birth of Child (Month, day, year) July 24, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Mc Cready
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lebanon (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janette Woodruff
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace United States (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Odle Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 44.

(SEAL) ____, Notary Public, residing at Clarkston, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUN 30 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-216-031-281

391583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Deceased
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** Ruth Robinett

5. Date of Birth of Child (Month, day, year) Oct. 16, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver P. Robinett
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Brownsville (City or town) Oregon (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Shaw
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for ~~XX~~ 43 years, and that Mrs (First name) Tom Brownley (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver P Robinett Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 19 44

(SEAL) F F Clarkson, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1944 by Ralph [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1963

JUL 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

517-125-001455

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391588
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 103 N. 13th St.
   (d) Name of Hospital or Maternity Home: 103 N. 13th St.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 3 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 103 N. 13th St.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** John Fredrick Nagel, Jr.

5. Date of Birth of Child (Month, day, year) 12-25-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Nagel
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oldenburg (City or town) Germany (State or foreign country)
14. Exact Occupation Mfg. of Soft drinks
15. Industry or Business Nagel's Soda Water Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Adelaid Unverzagt
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Canyon City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. McCalla (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Louise A Nagel Signature
1810 W. Jefferson, Boise P. O. Address

Subscribed and sworn to before me this 5th day of June, 1943

(SEAL) Paul M. Taylor, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1944 by Mabel Hedger, Registrar.

JUL 6 1944

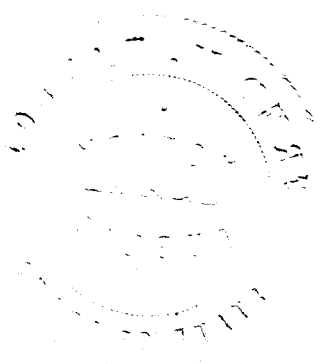
MAR 2 1961

AUG 0 7 2013

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



254-12-241-917

391612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 1-41

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Eagle.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lawrence Semenza

5. Date of Birth of Child (Month, day, year) Feb 24-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Bart Semenza

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Italy
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Mary Zapattini

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Italy
(City or town) (State or foreign country)

20. Exact Occupation Dr.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Semenza (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that None (First name) (Last name), who attended this birth None (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Catherine Semenza Signature

P. O. Address

Subscribed and sworn to before me this 29 day of June, 1944.

(SEAL)

Emma A Bevan Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Mabel Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

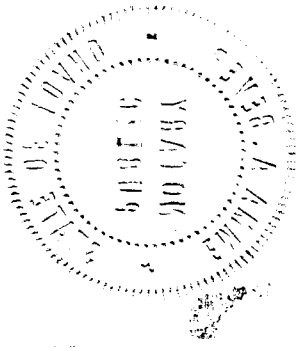
JUL 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944



319-226-028 4B

391641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 391641
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City HARRISON
   (c) Street Address or R.F.D. No. on Farm
   (d) Name of Hospital or Maternity Home: Was born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No. on Farm
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison Idaho

4. **FULL NAME OF CHILD** Elsie Muriel Cardwell

5. Date of Birth of Child (Month, day, year) March 26 1900

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James L. Cardwell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Rutledge (City or town) Tenn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dona Mc Caskill
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wonsa (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Fifth (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that ~~Dona Cardwell~~ (First name) Dr. John Busby (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dona Cardwell Signature
420 Military Ave, Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 5th day of July, 19 44

(SEAL) Eve M. Edlund, Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mabel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-117-029-154

391651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Genesee (b) County Latah
   (c) Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** William Onley Thompson

5. Date of Birth of Child (Month, day, year) June 17, 1900

6. Sex Male

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William McClung Thompson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace West Rushville (City or town), Ohio (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Hardware Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Manie Myra Andrus
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Joliet (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for Forty-four years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maurie M. Thompson Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 1 day of July, 1944

(SEAL)

Notary Public, residing at Potlatch, Idaho

My commission expires December 10, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-225-029-251

391663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City .....
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH.
   (c) City PRINCETON
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRINCETON-IDAHO

4. **FULL NAME OF CHILD** SYLVIA ORIEON BAKER.

5. Date of Birth of Child (Month, day, year) AUGUST 25-1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MO

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BERT SHEDD BAKER.
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace PAVILLION (City or town) NEW YORK (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSELLA. A. BEACH.
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace FORT ATKINSON. (City or town) WISCONSIN, (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child SIX (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of KING, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that MRS PLEDGER (First name) (Last name), who attended this birth (DECEASED) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella Baker Heath — Signature
Kent Wash — P.O. Address

Subscribed and sworn to before me this 3rd day of July, 1944

(SEAL) Tom N Clark, Notary Public, residing at 1332-12nd St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mabel Felder by JUL 11 1944 Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9/2-131-029-415

391669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD William Donald Zabel

5. Date of Birth of Child (Month, day, year) Oct. 31, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME August Ferdnand Zabel

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Kansas, (City or town) U.S.A. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Danielson

17. Color or Race white

18. Age at time of THIS birth about 24 yrs.

19. Birthplace Minnesota, (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. W. H. Ehlen, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarice Danielson Signature

Genesee, Idaho. P. O. Address

Subscribed and sworn to before me this 6th. day of July 1944., 19

(SEAL)

Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 11 1944 by Mary Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391-214-029-693

391675

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391675
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho.

4. **FULL NAME OF CHILD** Grace Crystabel Crathorne

5. Date of Birth of Child (Month, day, year) Dec. 14, 1900.

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Frederick Crathorne
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Manchester (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Almeda Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Potlatch (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive about 2 A.M. (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Grace Crathorne Volz (First name) (Last name), who is related as X by the applicant (Mother, etc.)

25. Attendant's **OWN** signature W. S. Barth, M.D. Address Palouse, Wash. Date 6-5-1944.

State of Washington
County of Whitman } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the attending doctor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by Mabel Fleiger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-119-028-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) ~~Name of Hospital or Maternity Home:~~ Mothers parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 00 years 1 months 00 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   ~~(a) State~~ Midway ~~(b) County~~ B.C. Canada
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midway B.C. Can

4. **FULL NAME OF CHILD** Lewis Frederick Peck

5. Date of Birth of Child (Month, day, year) Nov. 19th 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Canfield Peck
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Callender (City or town) Canada (State or foreign country)
14. Exact Occupation R.R. Conducton
15. Industry or Business Railroader

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Gertrude Allbaugh
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Keithsburg (City or town) Ill. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Louise Allbaugh (First name) Amblie (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Da (First name) Loop (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Allbaugh Amblie Signature
Hope Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 1944.

(SEAL) Nott S. McCrea, Notary Public, residing at Sandpoint Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-224-030-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Tendoy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Tendoy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Tendoy, Idaho

4. **FULL NAME OF CHILD** Elizabeth Agusta Sharkey

5. Date of Birth of Child (Month, day, year) 4/20-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barney Sharkey
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Unionville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Agusta Hank
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that Margaret Kirkham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Hank — Signature
Baker, Idaho — P. O. Address

Subscribed and sworn to before me this 5th day of August, 1944

(SEAL)

W. W. Simmonds, Clerk Dist. Court, Notary Public, residing at Salmon, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Mary Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-22-5005-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 39295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Alma Wells Mutch [redacted]

5. Date of Birth of Child (Month, day, year) Apr. 25 - 1900

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Samuel Mutch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace New Brunswick, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer & logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable G. Eaton
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace R.F.D. Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Whitman }

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Mrs. Addie Kinkaid (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Mutch Signature X
210 Foster Coeur D'Alene P. O. Address Idaho

Subscribed and sworn to before me this 27th day of July, 19 44

(SEAL) [signature], Notary Public, residing at Pullman, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

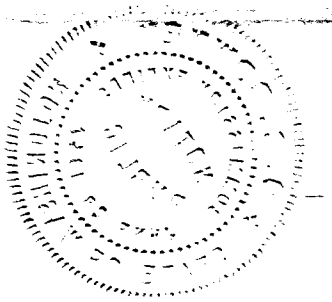
Received for filing on AUG 7 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212-214-075-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394289
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Steele
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Maude Ellem Baker
5. Date of Birth of Child (Month, day, year) Aug. 14, 1900.
6. Sex Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Charles Baker
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Butte County, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Belle Holmes
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Miltomvale Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. Taylor (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Belle Holmes Baker Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of August, 1944

(SEAL) Samuel A Swayne Notary Public, residing at Orofino, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CUSPCC

AUG 3 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-11-0024-895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City COUNCIL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City COUNCIL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) COUNCIL, IDAHO

4. **FULL NAME OF CHILD** IRA RALPH ROOT

5. Date of Birth of Child (Month, day, year) NOVEMBER 17, 1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN MERRITT ROOT
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace NEWBERG (City or town) OREGON (State or foreign country)
14. Exact Occupation SCHOOL TEACHER
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NANCY ELIZABETH HINKLE
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace HARRISON, ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES-ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon } ss.
County of Yamhill }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that The Physician (First name) (Last name), who attended this birth Cannot be located (He was deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Merritt Root — Signature
Newberg Oregon — P. O. Address

Subscribed and sworn to before me this 17th day of August, 1944.

(SEAL) R. H. C. Bennett, Notary Public, residing at Newberg, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-108-022-652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394402

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg

4. FULL NAME OF CHILD William Laurence Goudy

5. Date of Birth of Child (Month, day, year) May 6th 1900

6. Sex Male **7.** Twin or Triplet **8.** If so—born 1st, 2nd, 3rd No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Curtus Goudy
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Cedar Rapids (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Ann Webber
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Mc Gregor (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~ none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive/stillborn) b. a. M. on the date and at the place stated above, and that personal particulars were furnished by Theresa Ann Goudy (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Missouri
County of Greene } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4. above that I am now 79 years of age, that I have known this person for 42 years, and that ~~***

93466

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 191, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been registered, or in case any report any birth which has occurred [illegible] report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-09-004-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394409
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Montpelier (b) County Idaho
   (c) City
   (d) Street Address or R.F.D. No. since
   (e) How long has **MOTHER** lived in Idaho? 1890 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Clarice Lewis

5. Date of Birth of Child (Month, day, year) July 18, 1900

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Samuel Lewis
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Montpelier Idaho (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Geras
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace New York City (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr. Hoover Date July 18th 1900

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that Clarice L. Lewis (First name) (Last name), who attended this birth Dr. Hoover (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Lewis Signature
739 Bromfield Ave. P. O. Address

Subscribed and sworn to before me this 14 day of Aug, 1944.

(SEAL) Marion Lewis, Notary Public, residing at Chicago, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-206-008-291

394422

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Centerville
   (c) Street Address or R.F.D. No. –
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Centerville (b) County Boise
   (c) City Idaho
   (d) Street Address or R.F.D. No. –
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Centerville, Idaho

4. **FULL NAME OF CHILD** Esther Paschall Darlington

5. Date of Birth of Child (Month, day, year) September 6, 1900

6. Sex Female

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Brinton Darlington
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Westchester (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Placer Mining Engineer
15. Industry or Business –

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Rebecca Kratz
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hilltown (City or town) Bucks Co. Pennsylvania (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business –

22. Name prophylactic used to prevent Ophthalmia Neonatorum –
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Boise } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Dr. (First name) Taylor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Rebecca Kratz Darlington
Signature

2530 Idaho Ave, Santa Monica Calif.
P. O. Address

Subscribed and sworn to before me this 29 day of August, 1944.

(SEAL)

Robert E. Buchtel, Notary Public, residing at Santa Monica, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ROBERT E. BUCHTEL — NOTARY PUBLIC
LOS ANGELES COUNTY, CALIFORNIA
COMMISSION EXPIRES SEPTEMBER 11, 1944

Received for filing on SEP 5 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-108-035-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perse (b) City Nez Perse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:. IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perse
(c) City Nez Perse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perse, Ida.

4. FULL NAME OF CHILD George Joseph Price

5. Date of Birth of Child (Month, day, year) March 8th, 1900

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Price
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Wales (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Phelene Quinn
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Kings Valley, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that none (First name) (Last name), who attended this birth - (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora Phelena Price McCracken Signature
Woodburn, Oregon, R. F. D. #2 P. O. Address

Subscribed and sworn to before me this 7th day of August, 1944

(SEAL) [signature] Notary Public, residing at Silverton, Oregon
(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-22 B ID 8-799

394430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Albany Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Albany Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Albany Falls Ida.

4. **FULL NAME OF CHILD** Helen Janet Luce

5. Date of Birth of Child (Month, day, year) Jan. 28 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Herman Luce
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Filmore Co. (City or town) Minn (State or foreign country)
14. Exact Occupation famer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie A. Griggs
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 44 years, and that Mrs. C. A. Carter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Luce Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 15th. day of August, 19 44

(SEAL) Georgia Hagman, Notary Public, residing at Priest River Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-24-029-299

United States
Department of Commerce
Bureau of the Census Latah

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395609
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home delivery
   (e) Mothers stay **BEFORE** delivery: home
   In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. Farm
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) not living

4. **FULL NAME OF CHILD** Bessie Samuel

5. Date of Birth of Child (Month, day, year) Mon, May 14 - 1900

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Austin Samuel
11. Color or Race White
12. Age at time of THIS birth 80 yrs.
13. Birthplace Stockton (City or town) Mo. (State or foreign country)
14. Exact Occupation was a farmer an forester
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Lee Kirkpatrick
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Dunnegan, Mo. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Mr Lonet (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellye Samuel Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Sept, 19 XX.

(SEAL) W. Wade Green, Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395686

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Anna Caroline Tillotson [redacted]

5. Date of Birth of Child (Month, day, year) Aug 17, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Warren Tillotson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Virginia (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Moss [redacted]
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Portage (City or town), Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for Forty Four years, and that Mrs Mary Goodenough (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Tillotson Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of October 1944

(SEAL) W. J. Kasiska, Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce

4. **FULL NAME OF CHILD** Vivian Estes

5. Date of Birth of Child (Month, day, year) June 24, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karr Calvin Estes
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ash Flat (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Florence Brock
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Harrisburg, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Mrs. Lillie Grant (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Florence E Estes Signature

305 Montreal St, Victoria B.C. Canada P. O. Address

Subscribed and sworn to before me this 13 1/2 day of September, 1944

(SEAL) ____, Notary Public, residing at Victoria B.C. in for the Province of British Columbia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by ____ Registrar.

NOV 13 1958

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-326-023-659

395791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elva Loretta Hendrickson

5. Date of Birth of Child (Month, day, year) Sept 26 - 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd child

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hendrickson

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Little Sioux (City or town) Harrison Town (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Furniss

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Burwell (City or town) Utah Grass County (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Isabelle Furniss (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Isabelle Blanchard M.D. Midwife Address Hagerman Idaho Date 10/10/44

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Blanchard Signature
Hagerman Ida P. O. Address

Subscribed and sworn to before me this 10 day of Oct 1944

(SEAL) G. F. McReynolds, Notary Public, residing at Hagerman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Helder, Registrar

OCT 16 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959 202 008 413

396899

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396899
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City —
   (c) Street Address or ~~R.F.D.~~ No. Farm
   (d) Name ~~of Hospital or Maternity Home~~:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) ~~City~~ Post Office Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD**: Rachel Irene Reid

5. Date of Birth of Child (Month, day, year) Mar. 2, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James A. Reid
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Belfast (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie ~~Reid~~ Daley
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mugginsville (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business — Farm wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Attendant Was Grandmother, mrs Daly

25. Attendant's **OWN** signature M.D. Midwife Address now deceased Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 42 years, and that Mary (First name) Daly (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Boise, Ida. 209 N. 6 St. P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941

(SEAL)

Notary Public, residing at Nampa Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1944 by Mabel Felder, Registrar

FEB 21 1961

OCT 30 1944

DELAYED REGISTRATION LAW

(1937 Session ~~Laws, Chapter~~ 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-207025 45

396966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None - at E. G. Price home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years Six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Mable Price [redacted]

5. Date of Birth of Child (Month, day, year) Oct. 7, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edson G. Price
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Livery Stableman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Danly
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Illinois (near Chicago) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Mrs. Moberg (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nancy Stilwell Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 1944

(SEAL) Dorothy V. Altman, Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-217031992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Morrow Town
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: ---
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Morrow Town
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Morrow Town Idaho

4. **FULL NAME OF CHILD** Ellna (Eleanot) Lantz

5. Date of Birth of Child (Month, day, year) 2-17-00 1900

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel O. Lantz
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Risdon
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for all her life years, and that No doctor or midwife attended this birth (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel O Lantz Signature

Lewiston Orchards, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 19 44.

(SEAL) Thomas Burdeker, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1962

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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398183

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Lucile Hope Helm

5. Date of Birth of Child (Month, day, year) Nov. 29, 1900

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John H. Helm
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Jefferson Co. (City or town) East Tenn. (State or foreign country)
14. Exact Occupation Baptist Minister
15. Industry or Business Baptist Minister

MOTHER OF CHILD

16. FULL MAIDEN NAME Nannie A. Duncan
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hamblen Co. (City or town) East Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Yavapai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 44 years, and that doctor not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Helm Turner Signature

Box 1406, Prescott, Arizona P. O. Address

Subscribed and sworn to before me this 20th day of November, 1944

my commission expires 6/1/48 (SEAL) Edw. S. Lyman, Notary Public, residing at Prescott, Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-201 002 391

398297

398297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Warren
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Peerless Aletha Sprague
5. Date of Birth of Child (Month, day, year) Jan. 1, 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar William Sprague
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Columbus Ohio (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Trader
17. Color or Race White
18. ~~Age at time~~ of THIS birth 22 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Nora Sprague Signature
1910 Jullesse Ave. N. Sacto Calif. P.O. Address

Subscribed and sworn to before me this 2nd day of January, 1945

(SEAL) Alice O. Ray, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1945 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755 - 205006-626

DEC 1 0 1944

398320

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 11 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Nettie Melissa Gneiting

5. Date of Birth of Child (Month, day, year) June 5, 1900

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Abraham Gneiting

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Linsenhofen (City or town) Germany (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Magdeline Oswald

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Riederick (City or town) Germany (State or foreign country)

20. Exact Occupation house keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Gneiting (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address is deceased Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Nettie Melissa Gneiting (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna Gneiting Signature
Idaho Falls, Idaho R.F.D. #8 Address

Subscribed and sworn to before me this 11th day of December 8 19 44

(SEAL) [signature], Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

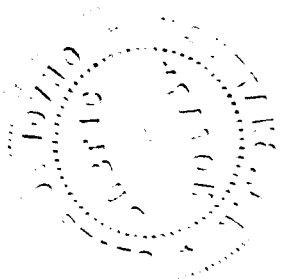
DEC 16 1944

OCT 22 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bannock (b) City Robins
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home.
   (e) Mothers stay BEFORE delivery: In THIS county 1 years 5 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robins
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Robins Idaho

4. FULL NAME OF CHILD Minta Anthony Kendall

5. Date of Birth of Child (Month, day, year) Dec 10 1900.

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Elias Royal Kendall.
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Angie Anthony Thacker
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Buckner (City or town) Louisa Virginia (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah } ss.
County of Utah. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that Patty Bourne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias Royal Kendall Signature
Box 389 So. 8th East Provo P. O. Address

Subscribed and sworn to before me this 4th day of December, 1944.
(SEAL) Olive L. Reese, Notary Public, residing at Provo Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Aug. 20, 1947

Received for filing on DEC 12 1944 by Mona Taylor, Registrar

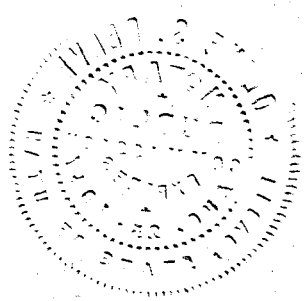
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



539-109-035-644

399526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County NEZ PERCE (b) City NEZ PERCE
   (c) Street Address or R.F.D. No. RURAL
   (d) Name of Hospital or Maternity Home: AT PARENTS HOME
   (e) Mothers stay BEFORE delivery: In THIS county 6 years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City NEZ PERCE
   (d) Street Address or R.F.D. No. RURAL
   (e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) NEZ-PERCE-IDA.

4. FULL NAME OF CHILD LOWELL - CLARK - VLIET

5. Date of Birth of Child (Month, day, year) MARCH-9TH 1900

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE - VLIET
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace near Ames (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MILLIE - ANNA - HUDSON
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace HARRISON - ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Butte } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Doctor (First name) Stephens (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Vliet Signature

P. O. Address

Subscribed and sworn to before me this 26th day of December 1944

(SEAL)

Notary Public, residing at Butte County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires

Received for filing on JAN 2 1945 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-203-001-155

399659

399659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. WARM SPRINGS AVE.
   (d) Name of Hospital or Maternity Home: NOIYE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. WARM SPRINGS AVE
   (e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE IDAHO

4. **FULL NAME OF CHILD** MABEL VELERIA MORGAN

5. Date of Birth of Child (Month, day, year) MAY 3 1900

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** NEWTON A MORGAN
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace SEDALIA, MISSOURI (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATTIE M. JENSEN
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace SALT LAKE UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that MRS MARY BROWN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mattie Preston Signature

3,6 Bannock Boise Ida. Address

Subscribed and sworn to before me this 27 day of January, 19 44

(SEAL) Julius Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 27-1944 by Mabel J. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-21-025-923

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400766
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Lowe
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Lowe
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lowe, Idaho

4. **FULL NAME OF CHILD** Nellie Hunt

5. Date of Birth of Child (Month, day, year) Jan. 14, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Clinton Smith Hunt
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elfreda May Rice
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Mrs. Mary Murphy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elfreda M. Hunt Signature

1307 Lincoln Ave., Yakima, Wn P. O. Address

Subscribed and sworn to before me this 10th day of Jamuary, 1945

(SEAL) P. B. Andrews, Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1945 by Mabel Kelly, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-125-001-556

400793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Luke's Hospital, Boise, Idaho
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City -
(d) Street Address or R.F.D. No. -
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Eben Lewis Pinkham

5. Date of Birth of Child (Month, day, year) October 25, 1900

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Pinkham
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Cowboy
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Newland
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Dr. George (First name) Collister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harriett N. Dean Signature
x 837 No Narmedia P. O. Address

Subscribed and sworn to before me this 16 day of January, 1945
(SEAL) [signature], Notary Public, residing at 3120 Lo Vernon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by My Commission Expires Jan. 21, 1948, Registrar

Mabel Felder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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767-110-019-419

400797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Clayton Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Clayton Idaho

4. FULL NAME OF CHILD Henry McKinley Poppy

5. Date of Birth of Child (Month, day, year) March, 10, 1900

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Henry Poppy
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Foreign Co. (State or foreign country)
14. Exact Occupation run stage line in Clayton
15. Industry or Business Custer Co. Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Marie Marker
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Manti Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Roos (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Mrs. Paul (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Roos Signature
Shelley Idaho R.F.D. 2 P. O. Address

Subscribed and sworn to before me this 13 day of January, 1945
(SEAL) L. Dean Jensen Notary Public, residing at Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-221-007-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Irene Baldwin

5. Date of Birth of Child (Month, day, year) Sept 21-1900

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alex Wilson Baldwin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Noble Co (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Addie White
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tintic (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly ~~sworn~~ affirm, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 44 years, and that Katherine (First name) White (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs A. W. Baldwin Signature

P. O. Address

Subscribed and sworn to before me this 16 day of December, 1944

(SEAL) R. H. McCoy, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

JAN 29 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-IN-004-229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400937
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Nordman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 26 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** John Leland Bacon.

5. Date of Birth of Child (Month, day, year) Apr. 14, 1944.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Brigham Bacon
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Eliza Skinner.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace New York. (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) Harriet Eliza (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Bacon M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 19 years of age, that I have known this person for 45 years, and that X (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse McCammon Signature

P. O. Address

Subscribed and sworn to before me this 26 day of Jan., 1945

(SEAL) J. C. Solomon Notary Public, residing at Auclin A. Nelson

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-121-022-556

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400991
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem, Idaho

4. **FULL NAME OF CHILD** George Miller

5. Date of Birth of Child (Month, day, year) Aug 21-1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Miller
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Inkom (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Newbold
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Nottingham (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Clark }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 76 years, and that Not known (Grandma) Larsen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Carlson Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of February, 1945.

(SEAL) John H. Hoag, Notary Public, residing at Dubois, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1945 by Mabel Fidler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 213035 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perces (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perces
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Grace PauLine HatFieLd

5. Date of Birth of Child (Month, day, year) APriL 13. 1900

6. Sex FemaLe

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Guy. T HatFieLd
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Yelvile (City or town) Arkansa (State or foreign country)
14. Exact Occupation SawmiLL.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Catherine Galloway
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Caswile (City or town) Mo. (State or foreign country)
20. Exact Occupation HouseWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Colorado
County of Crowley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Guy. T. Hatfield. Signature
Ordway, Colorado P. O. Address

Subscribed and sworn to before me this 15th day of February 1945

(SEAL) Chauncey D. Lunceford, Notary Public, residing at Ordway.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 120-008-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402149
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BOISE (b) City BOISE
   (c) Street Address or R.F.D. No. 7a IDAHO CITY ROAD
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BOISE
   (c) City BOISE
   (d) Street Address or R.F.D. No. 7a IDAHO CITY ROAD
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE IDA

4. **FULL NAME OF CHILD** JAMES B. HOLMES

5. Date of Birth of Child (Month, day, year) 7-20-1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** POMROY HOLMES
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace SIDNEY NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation TEAMSTER
15. Industry or Business FREIGHTING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LORETTA MONTOMERY
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace ROCKY BAR IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Elmore }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 44 years, and that VIOLET (First name) Robinson (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A Holmes Signature
Anderson Dam, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1945.

(SEAL)

Rena Fagerstedt, Notary Public, residing at Anderson Dam Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by , Registrar

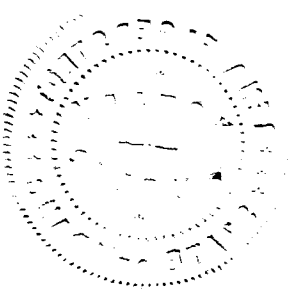
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



134-103-003-415

402305 402305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Pocatello (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Pocatello
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Frederick Sullivan Aldrich

5. Date of Birth of Child (Month, day, year) April 3, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Grant Aldrich
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wyanet (City or town) Illinois (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Josephine Manning
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Minnesota
County of Kanabec } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Since Birth years, and that Doctor (First name) Steely (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard Grant Aldrich Signature
Route 3, Mora, Minnesota P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1945

(SEAL) Albert E. Anderson, Clerk of District Court, Notary Public, residing at Mora, Minnesota

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-210-025-985

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402345
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years 6 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Freedom
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Freedom-I

4. **FULL NAME OF CHILD** Beryl Lenore Greer

5. Date of Birth of Child (Month, day, year) Sept. 10, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William S. Greer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Frances Rhett
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Freedom Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that Dr. Stockton & Mary Rhett (First name) (Last name), who attended this birth Are Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E A W Rhett Signature

Grangeville Ida. P. O. Address

Subscribed and sworn to before me this 13 day of March, 1945.

(SEAL) ____ Notary Public, residing at Grangeville Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by ____, Registrar

MAR 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-227029643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 103454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida

4. FULL NAME OF CHILD Dorothy Mary Arnold

5. Date of Birth of Child (Month, day, year) 6/27/1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willis Arnold
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kenton, Ohio (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eugenia Fulkerson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Rochester, Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Langton (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature Mrs. Alice Carmean M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Alice Carmean (First name) (Last name), who attended this birth not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Langton Signature
Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of March, 19 45

(SEAL)

Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by , Registrar

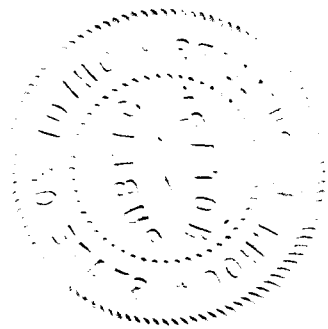
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1945



295-205031-542 403535 403535

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403535
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ida Jewell King

5. Date of Birth of Child (Month, day, year) January 5, 1900

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George S. G. King
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jenkins, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Matilda Eubanks
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Dr. Ferrell (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George S. G. King Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1945

(SEAL) Notary Public, residing at Buhl.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1945 by [illegible], Registrar

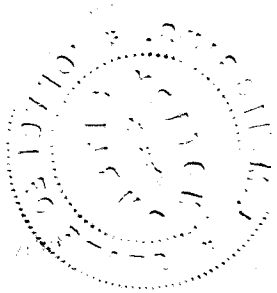
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



994-202037-165 4 03558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403558
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Riddle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mothers stay BEFORE delivery: In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Riddle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Riddle, Ida.

4. FULL NAME OF CHILD MARJORIE ADAIR RIDDLE

5. Date of Birth of Child (Month, day, year) July 2, 1900.

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Frank Wheelock Riddle
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Eureka (City or town), California (State or foreign country)
14. Exact Occupation Stock grower.
15. Industry or Business Cattle raising.

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Nevada Jones
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Dayton (City or town), Nevada (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho, County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person ever since her birth and that my sister-in-law Grace Riddle Stone (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amelia Riddle Signature
824 Fort St Boise P. O. Address

Subscribed and sworn to before me this 30th day of April, 1945.
(SEAL) Sara Ahola, Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 30 1945 by [signature], Registrar

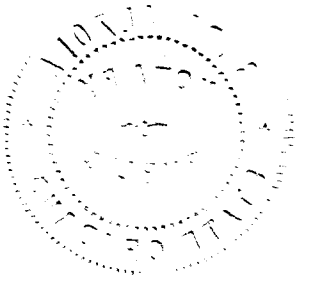
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-213025-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 403590
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Agnes May Grayson

5. Date of Birth of Child (Month, day, year) 11-13-1900.

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ellsworth Grayson
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Elgin, Illinois (City or town) (State or foreign country)
14. Exact Occupation switchman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Laura Wood
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Pataha Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Mrs. Mock (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Laura Grayson Signature

R. 1, North Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 45

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-122-014-643 404663

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404663
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Canyon years 15 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Willard Alvin Kurt

5. Date of Birth of Child (Month, day, year) Mar 22-1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Walter Kurt
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Emmett Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Fulton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clarion Co Penn (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Mrs Rabiah (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Kurt Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 26 day of May 1945

(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1945 by Mabel Felder, Registrar

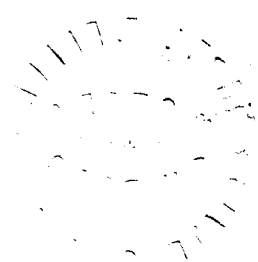
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



995-21 K14-765

404667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Evelyn Alice Dreton

5. Date of Birth of Child (Month, day, year) 1-17-1940

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Tweedy Dreton

11. Color or Race White **12.** Age at time of THIS birth 51 yrs.

13. Birthplace Belfast (City or town) Ireland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elise Gfeller

17. Color or Race White **18.** Age at time of THIS birth 39 yrs.

19. Birthplace Thoune (City or town) Switzerland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Payette } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all her years, and that Mrs Tolen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elise Dreton Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 1940

(SEAL) W. P. McCune Notary Public residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1945 by Mabel Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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845-209 022-613

United States
Department of Commerce
Bureau of the Census MAY 7 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo/rs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Id

4. **FULL NAME OF CHILD** Bertha Louisa Hunter

5. Date of Birth of Child (Month, day, year) June 9, 1900

6 Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Wann Hunter
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celestia Ann Walker
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Harriet (First name) Dabell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable H. Hoggan Signature
Lorenzo, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of march, 1945.
(SEAL) Percy Grown, Notary Public, residing at Rigby, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-204629-339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 5 1945

State File No. 404745
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) near
   (a) County Latah (b) City Palouse, Wash.
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Palouse, Washington
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Alice Levelle Newby

5. Date of Birth of Child (Month, day, year) August 4, 1900

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Quinton Newby
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Harlem, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Levelle Flowers Clinkin/beard
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Wilbur, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife **Address** ____ **Date** ____

AFFIDAVIT

State of Washington } ss.
County of Thurston }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that attendant (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice A McAlexander Signature

Yelm, Washington P. O. Address

Subscribed and sworn to before me this 27th day of April, 1945.

(SEAL) ____ Notary Public, residing at Yelm, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by ____, Registrar

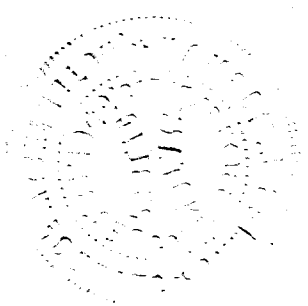
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

763 106-003 763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404753
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello,
   (c) Street Address or R.F.D. No. 317 N. 3rd St.
   (d) Name of Hospital or Maternity Home: None.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello,
   (d) Street Address or R.F.D. No. 317 N. 3rd St.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Now - 234 N. 8th St.

4. **FULL NAME OF CHILD** Nicholas Michael Polatta

5. Date of Birth of Child (Month, day, year) December 6-1900

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Antonio Polatta
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Agonia (City or town) Italy (State or foreign country)
14. Exact Occupation Union Pacific Ry Shops
15. Industry or Business Crane operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Polatta
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Agonia (City or town) Italy (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 44 all his life years, and that Dr Hubert Augustus Cuelle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Antonio X Polatta Signature
his mark
P. O. Address

Subscribed and sworn to before me this 10th day of May, 1945.

(SEAL) Roy L Black, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1945 by [illegible], Registrar

My signature Nicholas Michael Polatta address 234 N 8th St Pocatello

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-14-020-035

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404812
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No. No St Numbers
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mt Home
   (d) Street Address or R.F.D. No. No St Numbers
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt Home, Idaho

4. **FULL NAME OF CHILD** James William Stewart

5. Date of Birth of Child (Month, day, year) June 14, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Hansen Stewart
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Manchester (City or town) Ohio (State or foreign country)
14. Exact Occupation Station Agent-Oregon Short line
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Ida Stewart
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Centralia (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Ellen Ida (First name) Stewart (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Colorado, County of Denver, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Dr. (First name) Smith, (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ellendda Stewart Signature

876 So. Ogden Street, Denver, Colo. P. O. Address

My Commission Expires January—10th— 1946,

Subscribed and sworn to before me this 9th day of May, 1945.

(SEAL) John W. Underhill Notary Public, residing at Denver, Colorado,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mabel Fuller, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-219-010-384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: N.P. Section House
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Marie Wright

5. Date of Birth of Child (Month, day, year) March 19, 1900

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Wright
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Augusta (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Section Forman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Harriet Thurston
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Almond (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that Lo Wet Lucev (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Moorhead Signature
Portland Org 2825 N Halleck P. O. Address

Subscribed and sworn to before me this 29th day of May, 1945
(SEAL) W. E. Sears, Notary Public, residing at St Regis Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-005-019-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406043
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Clayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: parent's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5-2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton Id

4. **FULL NAME OF CHILD** Evaleen agnes Smith

5. Date of Birth of Child (Month, day, year) September 5 1900

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Smith
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Libby ~~Smith~~ Kelly
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rathmorgan Ireland (City or town) (State or foreign country)
20. Exact Occupation wife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Shoshone Kaneshone }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 14 years of age, that I have known this person for 44 years, and that Rose (First name) Webb (Last name), who attended this birth (Is now deceased) or (Cannot be found) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libby Smith Signature
Eden Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1945

(SEAL) Elmer Simonson, Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Fuller, Registrar

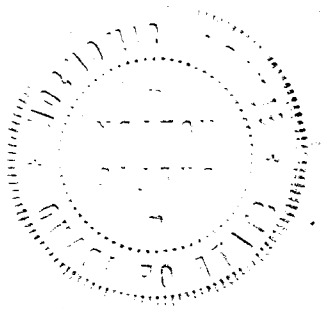
DEC 16 1969

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-213-221-163

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406065
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No. - - - - - -
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years -- months ----days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Franklin
   (d) Street Address or R.F.D. No. - - - - - -
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Ruth Fordham

5. Date of Birth of Child (Month, day, year) April 13,1900

6. Sex female

7. Twin or Triplet Twin — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 7½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fremont Fordham
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Indianola, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jolley
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Clarkston, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Allan (First name) R. Cutler, Sr., (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jolley Fordham Signature

338 West 1st North, Logan, Ut. P. O. Address

Subscribed and sworn to before me this 14th day of June, 1945.

(SEAL) Margaret C. Hickman, Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Ex. 1-12-47.

Received for filing on JUN 14 1945 by Mary Fyler, Registrar

FEB 7 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-113-029-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) 19 yrs

4. FULL NAME OF CHILD Browning Grant Robbins
5. Date of Birth of Child (Month, day, year) 12/13/1900
6 Sex Male
7. Twin or Triplet / If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Grant Robbins
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boone Co Ill. (City or town) (State or foreign country)
14. Exact Occupation Police
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Brown
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sedan, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Charles L (First name) Gritman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira L. Ransom Signature
326 East 6th St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of June 1945

(SEAL) B. S. Peterson, Notary Public, residing at Probate Judge Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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918 513622-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 407247
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Lynette Raymond

5. Date of Birth of Child (Month, day, year) 4-13-1900

6. Sex Girl

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vanness Spencer Raymond
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Pearl Scott
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace South Cottonwood Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Sacramento } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Jeanette (First name) Foole (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Pearl Scott Raymond Signature
2025 - 55th St. Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 31st day of October 19 44

(SEAL)

Notary Public in and for the County of Sacramento, State of California. Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES DECEMBER 9, 1946.

Received for filing on JUL 3 1945 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-207022-431

407299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Route 4
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. Route 4
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Katherine Godfrey

5. Date of Birth of Child (Month, day, year) Nov. 7, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Reeves Godfrey
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace North Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta McIntyre
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace North Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister ~~(Mother,~~ etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 35 years, and that KATHRINE MCINTYRE (First name) (Last name), who attended this birth ~~Birth~~ (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Parke Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 11 day of July 1945
(SEAL) Leo Hmosier, Notary Public, residing at St Anthony Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1945 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such report~~ may be received and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-122026-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD William Howard Olsen

5. Date of Birth of Child (Month, day, year) Nov 22, 1900.

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Olsen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bear River City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Larsen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ovid (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr Pendleton M.D. (First name) (Last name), who attended this birth (Deceased) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Olsen Signature
Rigby Idaho P. O. Address

Subscribed and sworn to before me this 9th day of August, 1945
(SEAL) Percy Grown, Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

JUL 22 1963
NOV 22 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409572
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Dr Surgery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 4 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** William Charles Cooper

5. Date of Birth of Child (Month, day, year) 10th [redacted]

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st ~~2nd~~, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Charles Cooper.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New York City (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Pharmacy.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Jane Cooper
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pittsburgh, Pa. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 85 years, and that Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Charles Cooper Signature

2010 E. 9th St. Pomona, California P. O. Address

Subscribed and sworn to before me this 9th day of August, 1945.

(SEAL)

Lena B. Millers, Notary Public, residing at Pomona, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires 1-26-47

Received for filing on AUG 31 1945 by Ruby Folger Registrar

AUG 31 1945

JUN 9 1960

MAY 4 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-208038-613

409600

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409600
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee Co (b) City De Lamar Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee Co
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) De Lamar

4. FULL NAME OF CHILD Lillie Ann Grenfell

5. Date of Birth of Child (Month, day, year) Dec 8, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Richard Grenfell
11. Color or Race Caucasian White
12. Age at time of THIS birth 32 yrs.
13. Birthplace St Just (City or town) England (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Walls.
17. Color or Race English White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St Just (City or town) England (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Dr. Weston (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Varker
Anna Varker Signature
1316 No 5th Boise Idaho P. O. Address

Subscribed and sworn to before me this 20th day of September, 1945

(SEAL) Rosalie E. Leonard, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-218001-366

40 9612

409612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409612
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1208 N. 12th St.
   (d) Name of Hospital or Maternity Home: Home 1205 N. 11th
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1205 N. 11th
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Carolyn Gray Logan

5. Date of Birth of Child (Month, day, year) March 18, 1900

6. Sex Feminine

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Emerson Logan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Blackcastle Missouri (City or town) (State or foreign country)
14. Exact Occupation Business man
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Drummond Coffin
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ottumwa Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for nine years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace E. Logan Signature

1208 N 12 St P. O. Address

Subscribed and sworn to before me this 9th day of October, 1945

(SEAL) Mabel Holden, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 9 - 1945 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1945

MAY 23 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-207-029-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD ROSE BERNEDETTE McCAFFERY

5. Date of Birth of Child (Month, day, year) Aug. 7, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward T. McCaffery
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace CoffeyCounty, Kansas (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business N.P.Ry

MOTHER OF CHILD

16. FULL MAIDEN NAME Nida Belle Richardson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Dayton Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Mrs Catherine McCaffrey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Kathryn Hertrich Signature
Harrington, 124 P. O. Address

Subscribed and sworn to before me this 4th day of September Wash., 1945
(SEAL) B J Miller, Notary Public, residing at Seattle, Wa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 22 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-21-035-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Fletcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Fletcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jessie Alma Schadt

5. Date of Birth of Child (Month, day, year) Sept. 17. 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Schadt
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Trenton (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elvira Murray
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bedford (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature / M.D. / Midwife — Address — Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Dr. (First name) Price (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elvira Schadt Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 24 day of Oct, 1945.

(SEAL) [illegible], Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-121-025-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 410897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City GRANGEVILLE
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: PARENTS RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City GRANGEVILLE
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) GRANGEVILLE IDA.

4. **FULL NAME OF CHILD** WILLIAM EDWARD MULLINIX

5. Date of Birth of Child (Month, day, year) JUNE 21 1900

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JOHN MARION MULLINIX
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace TENNESSEE. (City or town) (State or foreign country)
14. Exact Occupation CONFECTIONER
15. Industry or Business CONFECTIONERY STORE.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE ALICE PEARSON
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace GRANGEVILLE IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
City and County of San Francisco } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty years of age, that I have known this person for forty-five years, and that Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bella M. Gilbertsen Signature
6517 E. Lawn, Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of September 1945

(SEAL) Sinclair G. Trimble, Notary Public residing at [illegible]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires October 3, 1947.

Received for filing on OCT 16 1945 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau~~ of Vital ~~Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-213-029-961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Elizabeth Harris

5. Date of Birth of Child (Month, day, year) Jan. 13, 1900

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jabus Washington Harris
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Alabama (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Roach
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Boonville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of OREGON
County of DESCHUTES } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that Mrs. Shoemaker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. W. Armstrong Signature
429 State St., Bend, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of October, 1945.

(SEAL) Elmer Schreiber, Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266 - 183-076 - 386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Arbon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arbon Idaho

4. **FULL NAME OF CHILD** Clyde Bowen

5. Date of Birth of Child (Month, day, year) July 3, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Fredrick Bowen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Henderson Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Catherine Thomas
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mary Ann (First name) Adams (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther C Thomas Bowen Signature

252 E. West American Ave. Address

Subscribed and sworn to before me this 30th day of October, 1945

(SEAL)

Notary Public, residing at Malad, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1961

NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-203 035-381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412043
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Farm
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: nil
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Farm
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** ARDIS EVELYN DICKSON

5. Date of Birth of Child (Month, day, year) Jan. 3, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JUDD FRANKLIN DICKSON
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Louise Chandler
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon } ss.
County of Multnomah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Doctor William B. Reese (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

OREGON 8-14-46

Judd Franklin Dickson Signature

2346 N. Russett St. Portland, Ore. Address

Subscribed and sworn to before me this 7th day of November, 1945

(SEAL)

Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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NOV 1 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-128-040-339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413048
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Arthur Sargent

5. Date of Birth of Child (Month, day, year) Sept. 28, 1900

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Sargent
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wis. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvira Clithero
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Vernon Co. Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no knowledge
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ohio
County of Portage } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 45 years, and that Nora Sargent (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. WHEELER, Notary Public
My Commission Expires July 24, 1947

+Alvira C. Sargent Signature
P. O. Address

Subscribed and sworn to before me this 30th day of October, 1945.

J. H. WHEELER, Notary Public J. H. Wheeler, Notary Public, residing at Mantua, Ohio
My Commission Expires July 24, 1947

(Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 108-040-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 mos.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Homer Donald Newell

5. Date of Birth of Child (Month, day, year) Nov 8, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dwight Ernest Newell
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Baraboo (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Livery Stable
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Harriet Toops
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Athens (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Umatilla } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Mrs. Able (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Harriet Newell Signature

Freewater, Oregon P. O. Address

Subscribed and sworn to before me this 12 day of November, 1945

(SEAL) M E Blackler, Notary Public, residing at Freewater, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires 4-9-46

Received for filing on NOV 24 1945 by Mary Fylder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

IDAHO NOV 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 108 033-132

413080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Thomas Andrew Smith

5. Date of Birth of Child (Month, day, year) 5/8/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Smith
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Atkinson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Liberty Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that UNKNOWN (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Willard Signature
Liberty Weber Co. Utah P. O. Address

Subscribed and sworn to before me this 28th day of November, 1945.

(SEAL) J. R. Shaughnessy Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DEC 3 1945

Received for filing on by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 223 025 243

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 414165
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 9 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? All her life
(f) Mother's mailing address Cottonwood, Idaho.

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Eva Leona Hale

5. Date of Birth (Month, day, year) Mch. 23, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John William Hale
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Halfway (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Ora Butler
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Okaloosa (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead One (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at five A M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Ora Hale (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mabel Fielder

26. (a) JAN 3 1946 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Manning, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eva Leona Hale (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 136, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Turner (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Eva M. Manning Signature
Dayeeville Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of September, 1942

(SEAL)

Don M. Johnson Notary Public, residing at Garfield, Wash.

JAN 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-127-029-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 415333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah near City Princeton
   (c) Street Address or R.F.D. No. Farm
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arlie Walter Toole

5. Date of Birth of Child (Month, day, year) Sept. 27, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Herbert Toole
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella May White
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Elsworth, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Coos } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for Since birth years, and that Mrs. Catherine Mendenhall (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Luella Rimdell Signature
182 Alder Avenue, Marshfield Ore. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1944.

(SEAL) Bennett Swanton, Notary Public, residing at Marshfield, Ore.
(Note: Perjury is punishable as a felony in Idaho; See Sec. 1[illegible] Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-225-044-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 415362

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Carrie Marie Daugherty

5. Date of Birth of Child (Month, day, year) Jan. 25, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Andrew Daugherty
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fort Wayne (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice E. Riggs
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Powder (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Columbia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that Mary (First name) Haven (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice E Daugherty Signature
307 N. First. Dayton, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1946
(SEAL) Ray R. Cahill, Notary Public, residing at Dayton, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1965

FEB 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-117-025-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Denver
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years _ months _ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Denver
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter William Mackey

5. Date of Birth of Child (Month, day, year) Apr. 17, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bertram Mackey
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Elgin (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business general

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Krewson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ******

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that LOVINA TURPIN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Krewson Landis Signature

N. 1518 REGAL ST., SPOKANE, WASH. P. O. Address

Subscribed and sworn to before me this 25TH day of FEBRUARY, 1946.

(SEAL) E. J. Swanson, Notary Public, residing at SPOKANE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mary Fidler, Registrar

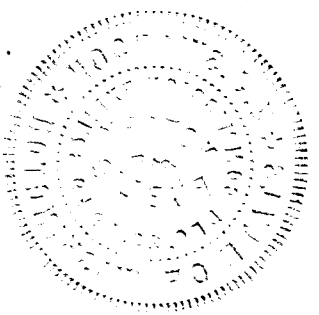
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



794-228-001-279

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 5th & Bannock
   (d) Name of Hospital or Maternity Home: own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 5th & Bannock
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Rosalee Grunbaum

5. Date of Birth of Child (Month, day, year) Aug 28, 1900

6. Sex female

7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo Paul Grunbaum
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Leipnik, Austria (City or town) (State or foreign country)
14. Exact Occupation Wholesale liquor dealer
15. Industry or Business Wholesale liquor dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Spiegel
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of California
County of San Mateo } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45½ years, and that Dr. McCalla (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rebecca S. Grunbaum Signature

105 Dartmouth Road, San Mateo, P. O. Address

Subscribed and sworn to before me this 28th day of February, 1946, 19 California.

(SEAL) Lucy M. Potter, Notary Public, residing at San Mateo, California.

My commission expires Feb. 21, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mary Felder Registrar

DEC 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 104040-316

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419513
Local Reg. No.
Reg. Dist. No. 140

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. Canyon Avenue
   (d) Name of Hospital or Maternity Home: Providence Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Gem, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kenneth Alexander McDonald

5. Date of Birth of Child (Month, day, year) February 4-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander T. McDonald
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace New Brunswick, Can (City or town) (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business Gem, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Lawson
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Rio Vista California (City or town) (State or foreign country)
20. Exact Occupation Hsf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Louise (First name) McDonald (Last name) who is related as (Mother, ~~Sick~~)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. C. V. Greenaway (First name) (Last name), who attended this birth ~~is~~ Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. J. McDonald Signature

973 Eden Ave San Jose Cal. P. O. Address

Subscribed and sworn to before me this 13 day of Feb 1946.

(SEAL) Emma Bever, Notary Public, residing at Wallace

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 13-46 by Emma Bever, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 27 1942

122-21 025 952

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419606
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Ida

4. **FULL NAME OF CHILD** Bessie Mae Asker

5. Date of Birth of Child (Month, day, year) June 14, 1920

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Oscar Asker
11. Color or Race white
12. Age at time of THIS birth 18 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Josephine Rekdahl
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs. Elsena Asker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Oscar Asker Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 31st day of May, 1946.
(SEAL) Harry J. Hanley, Notary Public, residing at Grangeville Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-201-028-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421878
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Bonner Co. Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeurdalene

4. **FULL NAME OF CHILD** Zella Gertrude Gates

5. Date of Birth of Child (Month, day, year) Mar 1st 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Wheaton Wesley Gates
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Elkhart (City or town) Ind (State or foreign country)
14. Exact Occupation Saw Mill Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Irene Martin
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Farm Girl
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by W. W. Gates (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Butte }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Dr Babin (First name) (Last name), who attended this birth 10 deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X W W Gates Signature

Chico, Calif. Care Cohasset Stage P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 46

(SEAL)

Gertrude McGuire, Notary Public, residing at Chico Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

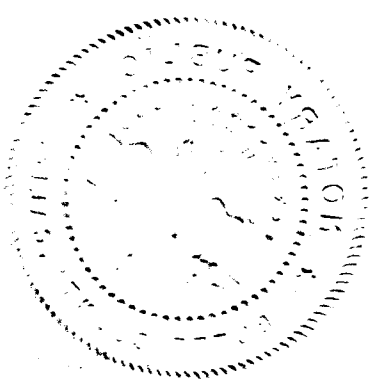
Received for filing on JUL 31 1946 by Mary Helen Registrar

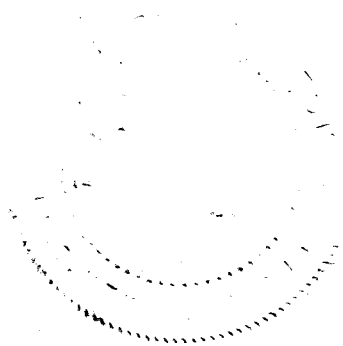
AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 421 8 Th

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Zella Gertrude Gates

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				yes	Mar. 1 1900 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Wesley Wheaton Gates	FULL MAIDEN NAME	Sarah Irene Martin
Residence (Usual place of abode)	Coeur d'Alene	Residence (Usual place of abode)	Coeur d'Alene
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	24 (Years)	Age at last Birthday	19 (Years)
Birthplace	Ex Heart, Ind (City and State or County)	Birthplace	Ollie, Iowa (City and State or County)
Occupation	Railroad man	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* all Deceased

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed ..... 19.....

.....
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 27 1948

No.

STATE OF IDAHO

No. of Child	Date of Birth	Sex	Name of Child	Date of Birth
				(Month) (Day) (Year)

When prophylactic was used to prevent Ophthalmia Neonatorum?

Name and address of the doctor in charge of case

Name and address of nurse in charge of case

Name

Address

Age at last Birthday (Years)

Birthplace (State or Country)

Occupation

Name of Employer

Address

I hereby certify that I attended the birth of the child, who was born [illegible] on the date above stated.

[illegible]

551-216-036-165

JUL 22 1946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county, years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Ida

4. **FULL NAME OF CHILD** Daisy Margaret Evans

5. Date of Birth of Child (Month, day, year) Jan. 16th 1900

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Isaac Evans
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Glamorganshire, South Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie W. Jones
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person ~~for~~ all of her life ~~years~~, and that Dr Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret E. Peterson Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 29 day of June, 1946

(SEAL) John H. McAllister, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-205-028-366

AUG 5 1946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Cheurulane
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wisconsin (b) County Dunn
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30y yrs,

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nora Irene Babbitt

5. Date of Birth of Child (Month, day, year) Aug. 5-1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Babbitt
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Michagan (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Laure Cook
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation **ousewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alline L. Babbatt (First name) (Last name) who is related as mother (Mother, etc.),

25. Attendant's **OWN** signature Mrs Annie L Best M.D. Midwife Address 404 W 31st., Vancouver, Wash Date

AFFIDAVIT

State of Washington
County of Clark } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Nora (First name) Babbitt (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie L Best Signature
404 W. 31st. St. Vancouver, Wash. Address

Subscribed and sworn to before me this 2nd day of August, 1946.

(SEAL) E. L. Hannah, Notary Public, residing at Vancouver, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

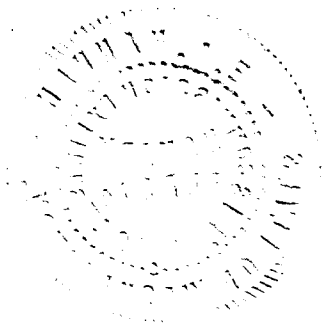
AUG 10 1948

AUG 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-111003-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423232
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 905 So. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 905 So. Main St
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Bird Race
5. Date of Birth of Child (Month, day, year) Oct. 11, 1900
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Walter Race
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grand Rapids (City or town) Michigan (State or foreign country)
14. Exact Occupation Switch light tender, RR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne May Bird
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lynne Weber Co. (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anne May (First name) Race (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45+ years, and that Ann Wilson Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anne May Race Signature
546 No. Hayes Ave P. O. Address

Subscribed and sworn to before me this 23rd day of August, 1946.
(SEAL) J. Blackhurst, Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

98-120025-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 423249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Ida.

4. FULL NAME OF CHILD Marvel Edwin Arheart

5. Date of Birth of Child (Month, day, year) May 20, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Winfred Reginald Arheart
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Comedian - Cook
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Margarette Brown
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Blooming Prairie, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Mrs. Buckingham (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margarette Scott Signature

Lebanon, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of August, 1946

(SEAL)

Notary Public, residing at Lebanon, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

My commission expires: Nov. 30 1948

Received for filing on SEP 5 1946 by Registrar.

SEP 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-114-006-718

423296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Willard Lewis Holmes

5. Date of Birth of Child (Month, day, year) June 14, 1900

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Willard Holmes
11. Color or Race White
12. Age at time of THIS birth ? yrs.
13. Birthplace — (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wartley Allen Payne
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Stewartville (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of IDAHO
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Thomas (First name) Wilson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wartley Allen Payne Holmes Signature
Route #2, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 1946.

(SEAL) Lulu Firebaugh Chief Deputy CLERK OF THE DISTRICT COURT residing at IDAHO FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-207-025645

426005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Rose Pfeufer

5. Date of Birth of Child (Month, day, year) December 7, 1900

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Pfeufer
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Comfort, Rexas (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Louise Wunder
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multanoma } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Dr. Brown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Burrows R. Wells Signature

530 S.E. 30th St. Portland, Ore. Address

MY COMMISSION EXPIRES DEC. 10, 1948

Subscribed and sworn to before me this 12th day of August, 1946

(SEAL) H.R. Singhofen, Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1946 by John W. Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT
AUG 3 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-22-001-433

426006

426006

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 426006
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 211 W. Jefferson
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Doris Gertrude Tipton

5. Date of Birth (Month, day year) May 22nd 1900

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Luther Tipton

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Perryville (City or town) Ohio (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Stewart McClintock

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Idaho City (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 31 1946 (Date received) (b) John W. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gertrude Tipton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Doris Gertrude Tipton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. A. D. Trosper (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gertrude Tipton Signature
P. O. Address

Subscribed and sworn to before me on this 31 day of October, 19 46

(SEAL) John W. Wright Notary Public, residing at Boise Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 31 1946

815-24-029-631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genese
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hilma Irene(Borgen) Hanson

5. Date of Birth of Child (Month, day, year) July 24, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Hanson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Larson, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bell Flamoe
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by x Palma Hanson Hove. (First name) (Last name) who is related as Sister. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Palma Hanson Hove Signature

Troy, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of November 1946.

(SEAL) [illegible], Notary Public, residing at Genesee Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W. Wetright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 4 1946

515-21-022-993

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 42563
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: on ranch at home of parents
   (e) Mothers stay BEFORE delivery: In THIS county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No. -
   (e) How long has MOTHER lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton, Ida.

4. **FULL NAME OF CHILD** Mary Ellen Nave

5. Date of Birth of Child (Month, day, year) Dec. 12, 1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Louis Nave
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Ricks
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Magdelena Waltz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin L. Nave Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1946.

(SEAL) C. K. Williams, Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 4 1946

238-216 031-314

429026

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Lewis (b) City NezPerce
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City NezPerce
   (d) Street Address or R.F.D. No. --
   (e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Cecelia Schmidlkofer

5. Date of Birth of Child (Month, day, year) Dec. 16, 1900

6. Sex female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Matthew Schmidlkofer
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elisabeth Lauby
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Schmidlkofer (First name) (Last name) who is related as mother. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Stevens }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. Powell (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Schmidlkofer Signature

Chewelah, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of December, 19 46

(SEAL) Notary Public, residing at Chewelah, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-206001-497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429050
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Helen Berniece Jennings

5. Date of Birth of Child (Month, day, year) July 6, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas William Jennings
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Tazwell, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Gardner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Sherrilda Dixon
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Roseburg, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Dr Springer (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan S Jennings Signature
Rt 5, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 4th day of January 1947
(SEAL) Mabel Felder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-706-214-281

431928

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431928
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. R.F.D
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Canyon Coun. Ida.

4. **FULL NAME OF CHILD** Walter E. Clemmens

5. Date of Birth of Child (Month, day, year) Nov. 6, 1900

6. Sex Male

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Vincent Clemmens
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Canyon County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Shaffer
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Laurence County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie May Shaffer Signature

P. O. Address

Subscribed and sworn to before me this 21 day of February, 1947.

(SEAL) Clara Groom, Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

R 4 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. nearby Meridian
   (d) Name of Hospital or Maternity Home: At my home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. near by
   (e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Frances Willard Gribble

5. Date of Birth of Child (Month, day, year) Nov. 5, 1900

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Gribble
11. Color or Race Wh
12. Age at time of THIS birth 44 yrs.
13. Birthplace Dodgeville, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business do

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Manuel
17. Color or Race wh
18. Age at time of THIS birth 40 yrs.
19. Birthplace Kinden (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business do

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 46 years, and that Mrs. Sarah Rogers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Jane Gribble
Signature

224 E. Jefferson St., Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 26th day of March, 1947.

(SEAL)

Anna M. Pope
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 26, 1947 by John W. Wright Registrar

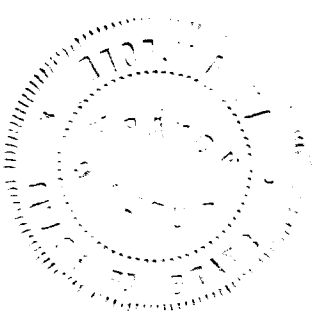
MAR 26 1947

JUN 17 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



595-204-022-917

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Kilgore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Kilgore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

4. **FULL NAME OF CHILD** Ada Charlotte Nielson

5. Date of Birth of Child (Month, day, year) Oct. 4, 1900.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick B. Nielson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Big Cottonwood, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Raphaelson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Richfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Dr. Thomas Turten (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick B Nielson Signature

Rolling Bay, Washington. P. O. Address

Subscribed and sworn to before me this 26 th day of February, 1947.

(SEAL) A.R. Buttmann Notary Public, residing at Winslow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

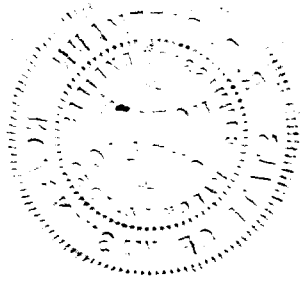
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-20-1030-867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) APR 19 1947

State File No. 433462

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 8 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD FRANCES AMELIA RITSCHEL

5. Date of Birth of Child (Month, day, year) Feb. 1,1900

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Ritschel

11. Color or Race Wh

12. Age at time of THIS birth 33 yrs.

13. Birthplace AUSTRIA (City or town) (State or foreign country)

14. Exact Occupation Clerk-General Merchandise

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Hopkins

17. Color or Race Wh

18. Age at time of THIS birth 25 yrs.

19. Birthplace Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of Santa Barbara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Dr. McNiven (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Hopkins Ritschel Signature

621 Del Monte, Santa Barbara, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of April 1947

(SEAL) Gertrude Fitzpatrick Notary Public, residing at Santa Barbara, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1947 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1947
MAY 27 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165 206 029-693

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ethel Mercedes Jones

5. Date of Birth of Child (Month, day, year) July 6, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Veatch Jones
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Keytesville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Deputy Assessor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Floy Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rochester, Illinois. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Yamhill } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person since birth, and that Dr. W. H. Carithers (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Veatch Jones Signature

Box 122, Newberg, Oregon. P. O. Address

Subscribed and sworn to before me this 6th day of May, 1947

(SEAL)

Homer L. Chamberlin, Notary Public, residing at Newberg, Oregon

NOTARY PUBLIC FOR OREGON
My Commission expires Aug. 19, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 13 1947 by John W. Whipple, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1964
JUL 7 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-213-001-666

436409

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436409
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1017 - 13th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1017 - 13th St.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Alice Woodward Rinearson

5. Date of Birth of Child (Month, day, year) March 13, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Lewis Rinearson
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
14. Exact Occupation Civil and Mining Engineer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Woodward
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Elmyra, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Payette }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 47 years, and that Dr. (First name) Bowers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mabel E. Lamereux Signature

New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 47.

(SEAL) A. J. Bruce, Notary Public, residing at New Plymouth, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 30, 1947 by John Wiswright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439384
Local Reg. No.
Reg. Dist. No.

AUG 2 1947

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latahe (b) City Viola
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola Idaho

4. **FULL NAME OF CHILD** Henry Lawton Manson

5. Date of Birth of Child (Month, day, year) Feb 16, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George P Manson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Nashville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Missouri Timby
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 47 years, and that Minerva Scott (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Dora Lee Scott)

Dora Lee Scott — Signature

Pullman Washington — P. O. Address

Subscribed and sworn to before me this 30 day of July, 1947.

(SEAL)

Lawrence E. Huff, Notary Public, residing at Moscow Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUG 4 1947

Received for filing on ____ by John Wetwright, Registrar

AUG 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-204-030-863 442230

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) SALMON IDA

4. **FULL NAME OF CHILD** STELLA FRANCES LIVELY

5. Date of Birth of Child (Month, day, year) Oct. 9 1900

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John THOMAS LIVELY
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace CUBA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA ETHEL HOLMAN
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace XENIA (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Dr. Whitwell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Ethel Lively Signature
R2. Box 438, Tucson Arizona P. O. Address

Subscribed and sworn to before me this 15th day of Oct, 1947

(SEAL) W Bidwell, Notary Public, residing at Nampa Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-012 028-367

447673

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Emida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Emida, Ida.

3. **RESIDENCE of FATHER** (city, state) Emida, Ida.

4. **FULL NAME OF CHILD** Vella May Renfro

5. Date of Birth (Month, day, year) Feb. 10-1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clark Renfro

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Marion County Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Blanche Caplen

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Argos Indiana
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 27 1948 (Date received) (b) John W Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D.
(D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Hood River } ss.

I, Mary Blanche Renfro being first duly sworn, say that I am Mother of Vella May Renfro as ....., whose birth certificate
(Name of person on certificate above) (Related to (or) acquainted with) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife, who attended
(Name of attendant at birth)

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Blanche Renfro Signature

Parkdale, Oregon P. O. Address

Subscribed and sworn to before me on this 23 day of January, 1948

(SEAL) Mabel S. Bond Notary Public, residing at Parkdale Ore

My commission expires Feb. 15- 1950.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

553-207-021-695

1948-7

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF Idaho

State File No. DE48-0007
Local Reg. No.
Reg. Dist. No.

Oneida at time

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Hilda Edith Nelson

5. Date of Birth of Child (Month, day, year) July 7, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl James Nelson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira Fredrickson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Franklin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 61 years of age, that I have known this person for 47 years, and that Elizabeth (First name) Clark (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belinda Fredrickson McKay Signature

Weston Idaho P.O. Address

Subscribed and sworn to before me this 21 day of Feb 1948

(SEAL) Thomas E. Rose, Notary Public, residing at Weston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 24, 1948 by John N. Knight, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

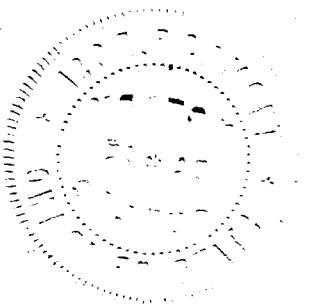
FILE # FROM 7 TO DE48-0007 10/30/12 KMC

FEB 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632 - 213-022-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0103
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Ida.

4. **FULL NAME OF CHILD** Millie Elizabeth Olsen

5. Date of Birth of Child (Month, day, year) Aug. 13, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Peter Olsen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Minto Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie Ricks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or

22. Name prophylactic used to prevent Opthalmia Neonatorum
23. Number of children of this mother: (a) at time of birth and including this child (b) Born alive and now living yes

24. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS BORN ALIVE (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 47 years, and that Elizabeth Toone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie Ricks Olsen Signature

P. O. Address

Subscribed and sworn to before me this 20 day of March, 1948

(SEAL) Thomas B. Burgess, Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

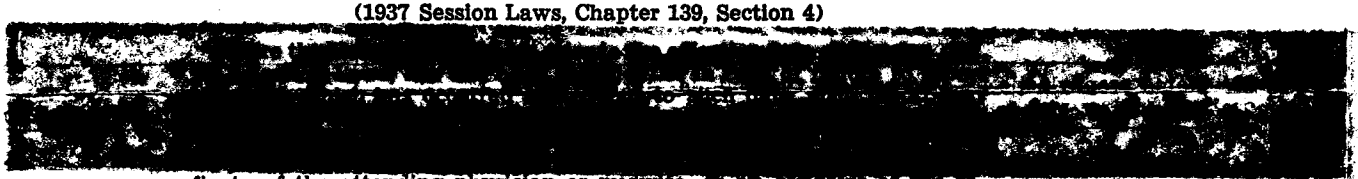
FILE # FROM 103 TO DE48-0103 12/3/12 KMC

DEC 1 1961

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-118-029-455

DE48-0106

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Basil George Taylor

5. Date of Birth of Child (Month, day, year) Sept 18-1900

6. Sex Male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ernest Taylor
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Walla Walla (City or town) Wash Terr. (State or foreign country)
14. Exact Occupation Supt of Water Works
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Loretta Denney
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace X (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 47 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Taylor Duncan Signature

Box 149 - Roseburg Oregon P. O. Address

Subscribed and sworn to before me this 16th day of March, 1948.

(SEAL) J.M. Allenson, Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

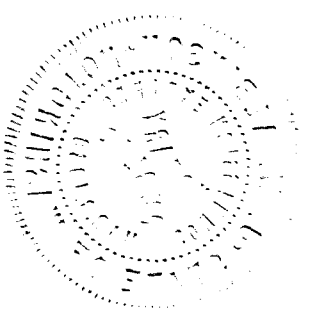
FILE # FROM 106 TO DE48-0106 12/5/12 KMC

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-223-044-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 19 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. R-4
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 3 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Carrie Edith Lane

5. Date of Birth of Child (Month, day, year) July 23, 1900

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Lane
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace La Porte City, Iowa, USA (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Alice Kelley
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tarkio, Missouri, USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (deceased) (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon } ss.
County of Baker }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 47 years, and that Molly Hansen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria A. Lane Signature

Box 7 Huntington, Oregon P.O. Address

My Commn. Expires 7-8-49

Subscribed and sworn to before me this 16 day of April, 1948.

(SEAL) ____, Notary Public, residing at Huntington, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 20, 1948 by John W Wright, Registrar

FILE # FROM 215 TO DE48-0215 12/11/12 KMC

APR 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-228-044-614

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0246
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No. - - -
   (d) Name of Hospital or Maternity Home: (Residence)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. - - -
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** Aneita Pearl Madison

5. Date of Birth of Child (Month, day, year) Aug. 28, 1900.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Madison
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Manti, (City or town) Utah (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business - - - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Wade
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salubria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Dr. Chubers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lomsth Signature

2507 State St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April 19 48.

(SEAL) Mabel Fuller Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 29, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 246 TO DE48-0246 12/12/12 KMC

APR 29 1948
MAR 4 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-214-014-414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 320-6th St North
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 320-6th St N.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Anna Ruth Moore

5. Date of Birth of Child (Month, day, year) April 14, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Taylor Moore
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Columbus (City or town) Indiana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Self. Employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angeline Celestine Maura
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 47 years, and that Dr. (First name) Murry (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angeline Celestine Moore Signature

P. O. Address

Subscribed and sworn to before me this 17th day of May, 1948.

(SEAL) Jack McCarroll Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM DE333 TO DE48-0333 12/14/12 KMC

MAY 28 1949

JAN 31 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-223-014-682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0354
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Stella Frances Kinkaid

5. Date of Birth of Child (Month, day, year) May 13-1900

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Kinkaid
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Wykoff
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 48 years, and that Dr. Isham (First name) of Caldwell, Ida. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

615 Chicago, Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of May, 1948.

(SEAL) Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1948 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 354 TO DE48-0354 12/17/12 KMC

MAY 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-214-029-665

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0370
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) LATAH Co. IDAH

4. **FULL NAME OF CHILD** EVA ISABELL SULLIVAN

5. Date of Birth of Child (Month, day, year) July 14, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Percy Rathburn Sullivan
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Clay Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Owens
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace nr. Yakima (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of OREGON
County of LINN } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that a Mr. DOUGLASS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Percy Rathburn Sullivan Signature
RT 4 / ALBANY - OREGON P. O. Address

Subscribed and sworn to before me this 28th day of May, 1948.

(SEAL) Harlow L Wemple, Notary Public, residing at Albany Oreg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 8/8/50

Received for filing on JUN 2 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 370 TO DE48-0370 12/17/12 KMC

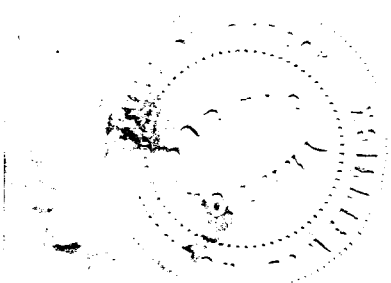
JUN 2 1948

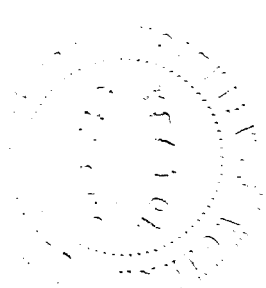
APR 23 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





571-105-006-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0377
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Willow Creek (Ucon)
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 7 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Willow Creek (Now Ucon)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lloyd Benson Egan

5. Date of Birth of Child (Month, day, year) July 5th 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Fredric Egan
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ruby Valley, (City or town) Nevada. (State or foreign country)
14. Exact Occupation Farming - Smelterman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evaline Eliza Benson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Woods Cross, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the Eldest Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for almost 48 years, and that Not known (First name) (Last name), who attended this birth Not known (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. Fred Egan Signature

1726 Yale Avenue, P. O. Address
Salt Lake City, Utah.

Subscribed and sworn to before me this 1st day of June, 1948

(SEAL) [illegible], Notary Public, residing at Salt Lake City Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1948 by [illegible], Registrar

FILE # FROM 377 TO DE48-0377 12/18/12 KMC

JUN 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

933-215-036-562

JUN 21 1948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0432
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City St. John
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City St. John
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Cathrine Allum

5. Date of Birth of Child (Month, day, year) Sept 15-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** [redacted] Allum

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Faaborg Denmark (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Gray Noble

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Paisley Scotland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 47 years, and that Mrs Hutchenson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabella Davidson Signature

3124 NE 20-Portland Ore. P. O. Address

Subscribed and sworn to before me this 15 day of June, 1948

(SEAL) Kenneth Meteth, Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MAY 13, 1950

Received for filing on JUN 23 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 432 TO DE48-0432 12/20/12 KMC

JUN 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-121-001-556

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0628
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Douglas Jr.

5. Date of Birth of Child (Month, day, year) 1900, Jan 21

6 Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Douglas Sr.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kansas city Kansas (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Newbanks
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Spurge Dr. (First name) (Last name), who attended this birth, now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J. Odin Signature
16 N. Idaho P. O. Address

Subscribed and sworn to before me this 25th day of August 19 48.

(SEAL) Mabel Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 25 1948 by John W. Wright Registrar

AUG 24 1948

FILE # FROM 628 TO DE48-0628 12/28/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-223-003-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0668
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Perry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Perry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Perry, Idaho

4. **FULL NAME OF CHILD** Elberta Stalker

5. Date of Birth of Child (Month, day, year) May 23, 1900

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma L. Stalker
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alfa Parmlee
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Avoca (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfa Parmley Stalker Signature
#34 Main St. S.L.C.U. P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1947

(SEAL) Ralph A. Barnes, Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 2, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 668 TO DE48-0668 1/4/13 KMC

SEP 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-112-006-659

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0680
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: Less than IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. - -
(e) How long has **MOTHER** lived in Idaho? Less than one yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Marshall Byron Chapman

5. Date of Birth of Child (Month, day, year) Mch. 12, 1900

6. Sex Male

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Chapman
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Henry County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Rancher and Livestock
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Orr
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Springfield, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Placer }

I, the undersigned, being first duly sworn, say that I am the Maternal Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 48 years, and that Dr. D'Orr Pointer (First name) (Last name), who attended this birth cannot be located; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B Killingsworth Signature
Rte. 1, Box 40, Escalon, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of August, 1948

(SEAL) Marion H. Kidd Notary Public, residing at Carnelian Bay, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Filed for the County of Placer, State of California
My Commission Expires September 25, 1950

Received for filing on Sept 7 - 1948 by: John W Wright Registrar.

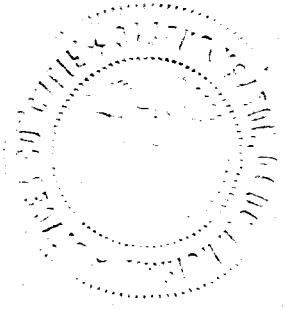
FILE # FROM 680 TO DE48-0680 1/7/13 KMC

SEP 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-115-035-795

RECEIVED
SEP 4 1948
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0684
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Nez Perce (b) City near Lewiston
   (c) Street Address or R.F.D. No. Waha P.O.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City near Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) near Lewiston Idaho

4. **FULL NAME OF CHILD** Edward Meece otherwise known "Mis"

5. Date of Birth of Child (Month, day, year) Sept. 15, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 M.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Venzil Meece or "Mis"
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Czechslovakia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Pincova
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Czechslovakia (City or town) (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ~~xxxxx~~Province of Alberta
County of Dominion of Canada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 48 years, and that my husband Venzil Meece or "Mis" (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Meece Signature
Mannville, Alberta P. O. Address

Subscribed and sworn to before me this 31st day of August 19 48.

(SEAL) my commission is perpetual Notary Public, residing at Vermilion Alberta Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 7, 1948 by John W Wright, Registrar

FILE # FROM 684 TO DE48-0684 1/7/13 KMC

SEP 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-224-003-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0733
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Ruth Ellen Hardwick
5. Date of Birth of Child (Month, day, year) Nov 24 1900
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy X
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William F Hardwick
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances C Jackson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Bever (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Mrs. Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William F Hardwick Signature
104 Garland Nampa Idaho P.O. Address

Subscribed and sworn to before me this 17th day of September 1948.
(SEAL) Mabel F Ceder Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 17, 1948 by Jean W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 733 TO DE48-0733 1/8/13 KMC

SEP 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-107-048-154

RECEIVED OCT 1 1948 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in) (Use time of this birth)
   (a) County (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** George Ralph Betts

5. Date of Birth of Child (Month, day, year) 9-7-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Richard Betts
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Frankfort (City or town) Kentucky (State or foreign country)
14. Exact Occupation Helper in mine
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Bell Anderson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Goshen (City or town) Indiana (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Polk } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Dr. Collins (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Betts Signature
Dallas Oregon P. O. Address

Subscribed and sworn to before me this 29th day of September, 1948.

(SEAL) [signature] Notary Public, residing at Dallas Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 1, 1948 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1948

FILE # FROM 793 TO DE48-0793 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-108-016

United States 515
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0811
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carsul Lorenzo Twitchell

5. Date of Birth of Child (Month, day, year) July 8, 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Twitchell
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Beaver (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Elizabeth VanLeuven
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr. Story deceased. Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Dr. Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Elizabeth VanLeuven Twitchell Signature

Burley, Idaho Box 4 P. O. Address

Subscribed and sworn to before me this 7th day of October, 1948.

(SEAL) A. B. Argyle, Notary Public, residing at Albion, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 17, 1948 by John W Wright, Registrar

OCT 12 1948

FILE # FROM 811 TO DE48-0811 1/14/13 KMC

OCT 23 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 - 205-001-493

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0989
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Bell Truitt

5. Date of Birth of Child (Month, day, year) March 5 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Happy L. Truitt
11. Color or Race Caucasian
12. Age at time of THIS birth 30 yrs.
13. Birthplace Noble (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Mabel Mitchell
17. Color or Race English
18. Age at time of THIS birth 20 yrs.
19. Birthplace Medina Town (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of XXX CANADA
County of XXX Province of Alberta. } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Dr. Hill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Mabel Truitt Signature

Beaver Mines, Alberta P. O. Address

Subscribed and sworn to before me this 26th day of November, 1948

(SEAL)

MY COMMISSION EXPIRES ON THE 31st DAY OF DECEMBER 1949

Notary Public, residing at Barons, Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on Dec 6, 1948 by W E Benson, Registrar

DEC 6 1948

FILE # FROM 989 TO DE48-0989 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-229
003-363

RECEIVED
DEC 29 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-1032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years II months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner (Grace).
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? II, Months

3. RESIDENCE OF FATHER (city, state) Turner, Ida.

4. FULL NAME OF CHILD Amy Ann Smith.

5. Date of Birth of Child (Month, day, year) Nov. 29, 1900

6 Sex Female, 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Warren Samuel Smith
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Coleman
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Smithfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Nov. 29, 1900 at 12:30P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 48 years, and that Mrs Ellen Egbert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

xx Hannah M Smith Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 18th day of December 1948.
(SEAL) S Harkon, Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 21, 1948 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1948

FILE # FROM 1032 TO DE48-1032 1/30/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-221-016-76 RECEIVED

United States
Department of Commerce
Bureau of the Census

FEB 1 5 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1171
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hilma Elnora Matthews

5. Date of Birth of Child (Month, day, year) Feb. 21, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Timothy Matthews
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Devonshire (City or town) England (State or foreign country)
14. Exact Occupation Rancher + Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Poulton
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 49 years, and that Janette (First name) Whittle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Matthews Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 8th day of February, 1949

(SEAL) C. G. Larson, Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 16, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1949

FILE # FROM 1171 TO DE49-1171 2/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-218-035-281

RECEIVED
MAR 8 194
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 8 years 5 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Elizabeth McCallister
5. Date of Birth of Child (Month, day, year) Feb. 18-1900
6 Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Elmer McCallister
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace North Vernon (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sally Shanklin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Nr Bloomfield (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Tulare } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that — (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sally McCallister Signature
P. O. Address

Subscribed and sworn to before me this 3d day of March, 1949
(SEAL) [signature], Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Tulare State of California My Commission Expires June 19, 19

Received for filing on March 9, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1231 TO DE49-1231 11/5/2013-LLE

MAR 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-228
014-493

RECEIVED
APR 11 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1330
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Parma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Frances Dean

5. Date of Birth of Child (Month, day, year) 7-28-1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marshall DeKalb Dean
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Whitesville, Missouri (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Alzina Miller
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Titiout, Penn. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 49 years, and that Mrs Duckett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Alzina Hartsell Signature
3139 NE X 57th Ave., Portland, Or. Address

Subscribed and sworn to before me this 21st day of April, 1949

(SEAL)

Notary Public, residing at Portland, Or.
My Com. Expires Feb. 27, 1953

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on April 11, 1949 by W. E. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1330 TO DE49-1330 11/7/2013-LLE

APR 11 1949

MAY 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-212-025-666

RECEIVED
APR 20 1949
BUREAU OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1361
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None - Home birth
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia, Ida.

4. **FULL NAME OF CHILD** Josephine Ruth Gordon

5. Date of Birth of Child (Month, day, year) Febr. 12th, 1900

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John M. Gordon
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Dairy Farming
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna C. Woodruff
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Walla Walla } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 49 years, and that Dr. John Doe (First name) Wohlenberg (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna C. Gordon Signature

Box 292- Waitsburg, Washington Address

Subscribed and sworn to before me this 15th day of April, 1949.

(SEAL)

Notary Public, residing at Waitsburg, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 21, 1949 by M. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1361 TO DE49-1361 11/8/2013-LLE

APR 21 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-126-015-962

RECEIVED
MAY 16 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Henry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Henry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Peter McKinley Hansen

5. Date of Birth of Child (Month, day, year) Aug. 26, 1900

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Enoch William Hansen
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Henry (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Robinson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Morgan (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his life years, and that a Dr. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Amelia Hansen Signature
Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this 14th day of May, 1949.
(SEAL)
Notary Public residing at Shelley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. L. Benson, Registrar

FILE # FROM 1454 TO DE49-1454 11/12/2013-LLE

MAY 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-116
004-468

RECEIVED
MAY 18 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1467
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Stanley Curtis Fuller

5. Date of Birth of Child (Month, day, year) 7/16/1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Fuller
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Oil City, Penn. (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business None Other

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie E. Doyle
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Quincy, Illinios (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None other

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am ~~the~~ close friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life, and that Dr. (First name) A. Hoover (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I saw this child the day he was born.

Josephine Davies Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1949.

(SEAL) Chas E Harris, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 19, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1467 TO DE49-1467 11/12/2013-LLE

MAY 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-118-003-285

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure that information is as of date of birth of THIS child.)

RECEIVED MAY 28 1949 DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 600 Main St.,
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 16 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 600 Main St.,
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Waldo Kuck

5. Date of Birth of Child (Month, day, year) April 18, 1900

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick William Kuck
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Waterloo, Iowa (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Sheldon
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Doctor (First name) Wright (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Ellen K. McLeod Signature

2575 Fruitvale Ave., P. O. Address

Oakland, California

Subscribed and sworn to before me this 23rd day of May, 1949

(SEAL) Lillian Kennett, Notary Public, residing at Oakland, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by W L Benson, Registrar

FILE # FROM 1488 TO DE49-1488 11/13/2013-LLE

SEP 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-123
016-434

RECEIVED
JUN 2 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1505
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Barnet Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Murray Homer

5. Date of Birth of Child (Month, day, year) May 23 1900

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd-

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin King Homer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Juliette Mc Murray
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Eurilda (First name) Mc Bride (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Juliette M Homer
Signature
1013 E. 33 So. Salt Lake City, Utah
P. O. Address

Subscribed and sworn to before me this 2 11 day of October, 1949

(SEAL) Olive Graff
Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 2, 1949 by W. W. Benson, Registrar.

FILE # FROM 1505 TO DE49-1505 11/13/2013-LLE

JUN 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-105-029-219

RECEIVED
JUN 13 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Hereof at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida

4. **FULL NAME OF CHILD** James Wilbur Stratton

5. Date of Birth of Child (Month, day, year) Feb 5-1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Wilbur
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Elkhart (City or town) N. Dakota (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Belle Bartle
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Hattie Collins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Belle Stratton Signature
Box 36, Des Moines, Wn. P. O. Address

Subscribed and sworn to before me this 4 day of June 1949
(SEAL) Cliff Shrondal, Notary Public, residing at Des Moines, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 14, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1539 TO DE49-1539 11/14/2013-LLE

JUN 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-101-040-696

RECEIVED
JUL 14 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1644
Local Reg. No. 1
Reg. Dist. No. 140

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (Institution if at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Ida

4. **FULL NAME OF CHILD** Lenie Amato

5. Date of Birth of Child (Month, day, year) June 1 1949

6. Sex Male

7. Twin or Triplet One If so—born 1st, 2nd, 3d —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carmello Amato

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Sicily (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Frank

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Sicily (City or town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this one 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Carmello Amato (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Dick Howard M.D. Address Wallace Ida Date 7/1/49

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19..

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 14 1949 by John A Burer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1644 TO DE49-1644 11/19/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 14 1949

859-[illegible]-025-958

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 10 month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Elk City Idaho

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Victor Sleighton Herrington
5. Date of Birth (Month, day, year) July 2-1900
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Geo. V. Herrington
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Trenton (City or town) New Jersey (State or foreign country)
14. Exact Occupation Now Deceased
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Reynolds
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) W. Benson

26. (a) Aug 22, 1949 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Herrington, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Victor Sleighton Herrington (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W. E. Cullen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Herrington Signature
1227 W 6th Ave. Spokane Wash P.O. Address

Subscribed and sworn to before me on this 2nd day of August, 1949

(SEAL) [signature] Notary Public, residing at Spokane, Wash
Notary Public for the State of Washington
Residing at Spokane, Washington
Commission Expires January 22, 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

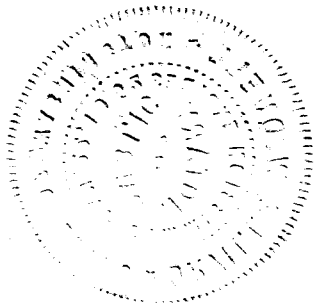
FILE # FROM 1766 TO DE49-1766 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 23 1949



693-201
037-613 RECEIVED

AUG 25 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1778

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Bruneau Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Idaho

4. **FULL NAME OF CHILD** Lenore E Wilkins Middleton

5. Date of Birth of Child (Month, day, year) July 1, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lamere Brannon Wilkins
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jacksonville Oregon (City or town) (State or foreign country)
14. Exact Occupation Stockman & Rancher
15. Industry or Business Now Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth May Walters
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Reese River Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Mrs Bridges (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Walters Reed Signature

3548 S E Hawthorne P. O. Address

Subscribed and sworn to before me this 23 day of August 1949. Portland, Oregon.

(SEAL) Cecile E Frost, Notary Public, residing at Portland, Oregon.

(Note: Perjury punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 25, 1949 by Mabel E Eden, Deputy, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM DE-1778 TO DE49-1778 11/21/2013-LLE

MAR 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 25 1949

457-228-006-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1820
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 14 yrs 5 months yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** ~~Louise~~ EDA MEPPEN

5. Date of Birth of Child (Month, day, year) Feb 28, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Edward Meppen
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oldenburg (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa a.C. Franke
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Miss (First name) Bard (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa C. Meppen Wrage Signature

P. O. Address

Subscribed and sworn to before me this 1st day of September, 1949.

(SEAL)

John M. Carlson, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Annotated.)

Received for filing on Sept 7, 1949 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1820 TO DE49-1820 11/22/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 7 1949

636-128-029-634

United States Department of Commerce Bureau of the Census

RECEIVED SEP 22 1949 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1880
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida

4. **FULL NAME OF CHILD** Wm. D. Flomer

5. Date of Birth of Child (Month, day, year) May 28th 1900

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Flomer
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Driftsethe, Prov. Hanover (City or town) (State or foreign country) Germany
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth, Oldag
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Walla Walla }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 25 years, and that Dr. Wm. Ehlen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C L Flomer Signature

721 So. 1st Ave. Walla Walla, Wash Address

Subscribed and sworn to before me this 21st day of July, 19 49

(SEAL) Joyce Lawrence, Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 22, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1880 TO DE49-1880 11/25/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-204-022-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1912
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Twin Groves
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: (Family Residence)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City TWIN GROVES
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Groves Idaho

4. **FULL NAME OF CHILD** JOSEPHINE MABEL GODFREY

5. Date of Birth of Child (Month, day, year) 12-4-1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN GODFREY
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA FLORENCE COWLES
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace Princeton, (City or town) Minnesota. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN--IF ANY
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 49 years, and that HATTIE (First name) Orr (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
10303 Alki Opportunity Wn P. O. Address

Subscribed and sworn to before me this 26th day of September, 1949

(SEAL) [signature], Notary Public, residing at Dishman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 3, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

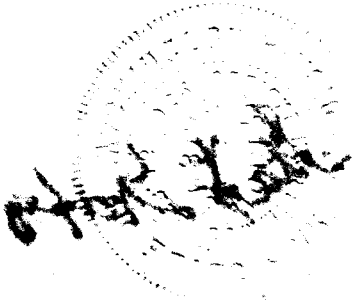
FILE # FROM 1912 TO DE49-1912 11/25/2013-LLE

OCT 3 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



844-22-028-249

RECEIVED
OCT 21 1949
BUREAU OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1971
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At the family home near Hayden Lake
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Farm near Hayden Lake, Ida.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** BERTHA CAROLINE HUDLOW

5. Date of Birth of Child (Month, day, year) Apr. 21, 1900

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Grant Hudlow
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Burch
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cuba, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Sarah E. Hudlow (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person xx since birth years, and that birth (First name) was unattended except by (Last name), xxxx

FILE # FROM 1971 TO DE49-1971 12/2/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-226-044-466

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2000
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lottie Ann Buchanan

5. Date of Birth of Child (Month, day, year) Nov. 26, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos Lawrence Buchanan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Rose Moore
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Mrs. Haven (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Amos L. Buchanan Signature
S 218 Napa St. P. O. Address

Subscribed and sworn to before me this 25th day of October, 19 49

(SEAL) Charles A. Coppola, Notary Public, residing at Spokane, Washington.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 2, 1949 by W. W. Benson, Registrar

FILE # FROM 2000 TO DE49-2000 12/2/2013-LLE

NOV 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-211-016-699

RECEIVED NOV 10 1949 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Annie Ezella Port

5. Date of Birth of Child (Month, day, year) 9-11, 1900

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Port
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Froyle (City or town) England (State or foreign country)
14. Exact Occupation Farmer + Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Catherine Orr
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Filmore - Sevier Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 49 years, and that Wilda (First name) McBride (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C. W. McMurray Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 7th day of November, 1949.

(SEAL) C. Y. Larson, Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 10, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2026 TO DE49-2026 12/5/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-113-014-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2040
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 5 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Verlin Herbert Warnke

5. Date of Birth of Child (Month, day, year) Aug. 13-1900

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Edward E. Warnke
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Buffaloville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hester Blessinger
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that Dr Hall (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna H Warnke Signature
Boise Idaho R-9 O. Address

Subscribed and sworn to before me this 8th day of November, 1949
(SEAL) Mabel Elder, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 18, 1949 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2040 TO DE40-2040 12/5/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-25-029-819

RECEIVED

DEC 2 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2088
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida

4. **FULL NAME OF CHILD** Mildred Evelyn Day

5. Date of Birth of Child (Month, day, year) Jan. 15, 1900

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Day
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mineral Pt. Wis (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Harris
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mineral Pt. Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 49 years, and that Dr. Conant (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Horace Day Signature

5915 SE 15th Ave. Portland Ore P.O. Address

MY COMMISSION EXPIRES MARCH 17, 1952

Subscribed and sworn to before me this 26th day of November, 1949

(SEAL) Raymond Grant, Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 2, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2088 TO DE49-2088 12/9/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 - 204-003 -396

RECEIVED

DEC 21 1949

DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Annie Lockyer

5. Date of Birth of Child (Month, day, year) 2-4-1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ben Lockyer
11. Color or Race
12. Age at time of THIS birth 35 yrs.
13. Birthplace Butte, Montana (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Crowshaw
17. Color or Race
18. Age at time of THIS birth 21 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the a personal acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for since the date of her birth 2-4-00 (First name) (Last name), who attended this birth I do not know the person who (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. That I have lived in the immediate vicinity of the residence of the above named person since her birth.

Elizabeth Crump Signature

P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 49

(SEAL) M. J. Hale, Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-13-49 by L. W. Benson, Registrar

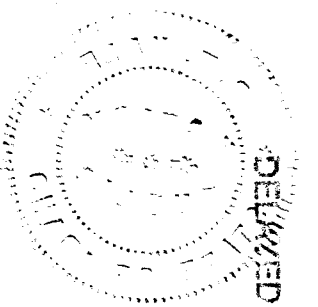
FILE # FROM 2114 TO DE49-2114 12/9/2013-LLE

DEC 1 3 1919

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



546 - 107-040-753

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2124
Local Reg. No. 46
Reg. Dist. No. 4

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace

4. **FULL NAME OF CHILD** Victor Emanuel Edwards

5. Date of Birth of Child (Month, day, year) Nov - 7 - 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Edwards
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Peterson
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of King } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 49 years, and that (unknown) (First name) Mugstadt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

5903 Ryan St, Seattle 88 — Frank J Edwards — Signature — Address

Subscribed and sworn to before me this 9th day of December, 1949

(SEAL) Hallie F. Lumley, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 12-1949 by Dale S Cornell, Registrar

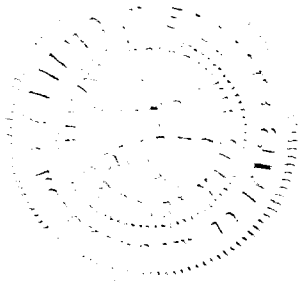
FILE # FROM 2124 TO DE49-2124 12/9/2013-LLE

DEC 15 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to ~~such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

314-207-016-745

RECEIVED

DEC 1 7 1949

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

United States Department of Commerce, Bureau of the Census

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2127
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elva
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elva
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** June Gladys Camp

5. Date of Birth of Child (Month, day, year) May 7th. 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Webster Camp
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elizabeth Puett
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name) who is related as Brother Brothers (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Stoner, Colorado Date II/IO/I949

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Colorado
County of Montezuma } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that Mrs. Bradeh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Camp, Signature
Stoner, Colorado. P. O. Address

Subscribed and sworn to before me this 10th day of November, 1949.

(SEAL) Notary Public, residing at Dolores, Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires November 4, 1951

Received for filing on Dec 19, 1949 by W. L. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2127 TO DE49-2127 12/9/2013-LLE

DEC 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELETED

632-126
008-555

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horseshoe Bend
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Quartsburg
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Quartsburg, Ida.

4. **FULL NAME OF CHILD** Edward Olaf Olsen

5. Date of Birth of Child (Month, day, year) July 26 - 1900.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Olsen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elise Evensen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elise (First name) Olsen (Last name) who is related as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Lora B. Olsen M.D. Midwife Address Parma, Idaho. Date December 24 - 1949

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of [redacted]
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that R. M. Fenelon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora B. Olsen Signature

Horseshoe Bend - Ida. P. O. Address

Subscribed and sworn to before me this 26 day of December, 1949.

(SEAL) Joan L. Gumm, Notary Public, residing at Horseshoe Bend Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-27-49 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2150 TO DE49-2150 12/10/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436 - 202 - 005 - 295

RECEIVED
DEC 30 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2164
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BOISE (b) City HORSESHOE BEND
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BOISE
   (c) City HORSESHOE BEND
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 74 yrs.

3. **RESIDENCE OF FATHER** (city, state) HORSESHOE BEND, IDA.

4. **FULL NAME OF CHILD** MATTIE RUTH McFARLAND

5. Date of Birth of Child (Month, day, year) SEPT. 2, 1900

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM E. McFARLAND
11. Color or Race WHITE
12. Age at time of THIS birth ... yrs.
13. Birthplace LATHROP, MO. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** REBECCA JANE BIVENS
17. Color or Race WHITE
18. Age at time of THIS birth ... yrs.
19. Birthplace PAYETTE, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name) who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date ...

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Boise } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Mocia Holland (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel J. Woods Signature
Horseshoe Bend, Ida. P. O. Address

Subscribed and sworn to before me this 29 day of December, 19 49

(SEAL) Joan L. Quinn, Notary Public, residing at Horseshoe Bend Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-30-49 by W. L. Benson, Registrar

FILE # FROM 2164 TO DE49-2164 12/10/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-21-003-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-64
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Ingalls Chubbuck		2. Date of Birth (month) February (day) 11 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Walter Elmer Chubbuck		7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Della Lorine Carroll		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian D. Chubbuck Thompson	11. Present Address of Registrant: Las Vegas, Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on 10 April 1950	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Feb. 4, 1952	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy	By whom issued and signed: Pacific National Assurance Co.	Date Issued: 3-14-50	Date Orig. Entry: 8-10-39
Class* B	Date of Birth: 2-11-1900	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 3-30-50	Date Orig. Entry: 6-1-1900
Class B	Date of Birth: Feb. 1900	Birth Place: Pocatello, Idaho	Full Name of Mother: Della L. Chabbuck	Name of Father: Walter E. Chabbuck
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Blackfoot High School	Date Issued: 3-31-50	Date Orig. Entry: 9-9-1909
Class B	Date of Birth: 9 years old	Birth Place: in 1900	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

Affidavit by Margaret Carroll Gross who attended mother after the birth of Marian Ingalls Chubbuck.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	4-12-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2 eps. 8".

APR 12 1950

253-210-004-95-8

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-96
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Marie Beckman
2. Date Of Birth (month) (day) (year): Sept 10 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Montpelier Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Alexander Beckman
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Lorena Jane Reynolds
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Marie Warren
11. Present Address of Registrant: 603 Poplar Ave Santa Cruz Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: May 5th 1950
12. Signature of Notary: J. E. Johnson
13. Notary Commission expires: May 18 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Life Insurance Policy	W. Dilbeck, President	2/6/30	2/6/30

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age was 29 on 2/6/30			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
War Ration Book One	Margaret M. Williams	6/30/42	6/30/42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age was 41 on 6/30/42			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Marriage License	D. M. Barnwell, Co. Clerk	6/28/1919	6/28/1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age was 18 on 6/28/1919	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eccles	May 15, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 15 1950

818-113-014-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-103
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carrol Isaac Hays
2. Date Of Birth (month) (day) (year): May 13, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Roswell Idaho

FATHER

6. Full Name of Father: Isaac J. Hays.
7. State or Country of Father's Birth: Kansas. U.S.

MOTHER

8. Full Maiden Name of Mother: Alice May Bennett.
9. State or Country of Mother's Birth: Missouri. U.S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carrol I. Hays.
11. Present Address of Registrant: 4373 N.E. Wistaria Dr. Portland 13, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1950
12. Signature of Notary: R. R. Waverly
13. Notary Commission expires: Oct. 9, 1951

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Equitable Life Insurance Co.	3-27-28	3-27-28

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5-13-1900	Canyon County, Idaho		

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of Census	5-12-50	1900 census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1900	Roswell, Idaho	Alice M. Hays	Isaac J. Hays

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Personal Record	Associated Oil Co.	Jan. 17, 1925	1-17-25

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1900	Idaho		

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	May 18, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy Paid

Form DPH 49067

MAY 18 1950

766-214-016-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-108
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edella Isabella Powers
2. Date Of Birth (month) (day) (year): August 14, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Conant

FATHER

6. Full Name of Father: William Russel Powers
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Leonie Edella Conant
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: (Powers) Edella Isabella Hall
11. Present Address of Registrant: Coulee Dam, Washington

NOTARY (Seal)

Subscribed and sworn to before me on May 16 1950

12. Signature of Notary: Mary Jane Trombley
13. Notary Commission expires: August 11 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible Record	Bible viewed by T. Torkelson, Notary Public	Apr. 4, 50	8-14-1900
Class* A	Date of Birth: 8-14-1900 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Insurance Policy	The Public Service Life, Health & Accident Co, Seattle	Sept. 30, 1938	
Class B	Date of Birth: 8-14-1900 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		May 22, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 22 1950

AUG 11 1954

317-214-001-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-302
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Davis Cage	2. Date Of Birth (month) April (day) 14 (year) 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Boise Idaho - Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Wesley Cage	7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Pauline Davis	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy C. Felton; 11. Present Address of Registrant: 1208 Walnut Street Berkeley, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 3, 1950	12. Signature of Notary: Mabel F. Felder; 13. Notary Commission expires: May 7, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Baptismal Certificate	By whom issued and signed: St. Michael's Parish, Boise, Idaho	Date issued:	Date Orig. Entry: 6-24-01
	Date of Birth: Apr. 14, 1900	Birth Place: Boise, Idaho	Full Name of Mother: Pauline Davis	Name of Father: John W. Cage
SUPPORTING RECORD 2. Class A	Type of Document: News Paper Clipping	By whom issued and signed: Idaho Daily Statesman	Date issued: Apr. 15, 1900	Date Orig. Entry:
	Date of Birth: April 14, 1900	Birth Place: Boise, Idaho	Full Name of Mother: Mrs. John Cage	Name of Father: John Cage
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Felder	Oct. 3, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 4 1950

692-125-023 -238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-360
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Phenoy W Fischer
2. Date Of Birth: (month) 7 (day) 25 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Gem; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: William Sanders Fischer
7. State or Country of Father's Birth: Sux City Iowa

MOTHER

8. Full Maiden Name of Mother: Jessie Schaffer
9. State or Country of Mother's Birth: Millvill Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phenoy W Fischer
11. Present Address of Registrant: Bellevue Idaho

NOTARY-(Seal)

Subscribed and sworn to before me on: June 24th 1950
12. Signature of Notary: J. W. Davies
13. Notary Commission expires: April 18 1952

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Individual Permit	Dale Wibb	12-12-40	12-12-40
Class* B	Date of Birth / Birth Place: 41 Yrs. old Gem, Emmett	Full Name of Mother: Jessie Schaffer	Name of Father: William Sanders Fischer	
SUPPORTING RECORD 2.	I dentification Card	Idaho state Employment Service	11-16-36	
Class B	7-25-00 / Gem, Emmett	Jessie Schaffer	William Sanders Fischer	
SUPPORTING RECORD 3.	U. S. Civil Servise Commission	Edna Penfold	4-10-44	
Class B	7-25-00 / Gem, Emmett	Jessie Schaffer	William Sanders Fisher	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W L Benson
Evidence reviewed by: Carol Bennett
Date Filed: 11-6-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

copd

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

NOV 2 1960

1. Place of Birth
2. Date of Birth
3. Sex
4. Color or Race
5. Legitimate
6. Father's Full Name
7. Father's Birthplace
8. Mother's Maiden Name
9. Mother's Birthplace
10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Registrar
13. Notary Commission Expires

Date of Document | Date Issued and Signed | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Date of Document | Date Issued and Signed | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Date of Document | Date Issued and Signed | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Registrar | Evidence Reviewed by | Date Filed

263-206-025-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-386
Local Reg. No.
Reg. Dist. No.

REGISTERED 1950
DIVISION OF VITAL STATISTICS
(Birth is being registered)

CHILD	1. Registrant's Full Name at Birth: Audria — Sotin			2. Date Of Birth (month) (day) (year): Jan. 6 — 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: White Bird Idaho.	b. City or Town of Birth: White Bird	
FATHER	6. Full Name of Father: Yues. Sotin			7. State or Country of Father's Birth: France	
MOTHER	8. Full Maiden Name of Mother: Izora — Galloway			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Audria Sotin, Dresser	11. Present Address of Registrant: Myrtle Creek, Oreg.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1950		12. Signature of Notary: Robert A Jones	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires 1953	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: Ray Peel	Date Issued: 11-21-50	Date Orig. Entry: June 1,1900
Class* A	Date of Birth: 4 Months	Birth Place: White Bird, Idaho	Full Name of Mother: Izora Galloway	Name of Father: Yues Sotin	
SUPPORTING RECORD 2.	Type of Document: Driver's License		By whom issued and signed: Sam K. Koger	Date Issued: 7-22-20	Date Orig. Entry: 7-22-30
Class B	Date of Birth: 20 Yrs.	Birth Place: White Bird, Idaho	Full Name of Mother: Izora Galloway	Name of Father: Yues Sotin	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Akenett	12-4-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 5 1950

792-201-003-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE51-0415
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Leona Gibbs
2. Date Of Birth (month) (day) (year): August 1, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lago, Bannock
b. City or Town of Birth: Lago

FATHER

6. Full Name of Father: Jonathan Wright Gibbs
7. State or Country of Father's Birth: Willard, Utah

MOTHER

8. Full Maiden Name of Mother: Lucy Ann Harper
9. State or Country of Mother's Birth: Brigham City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma Gibbs
11. Present Address of Registrant: 46 N. Sixth Ave. Sturgeon Bay, Wis.

NOTARY (Seal)

Subscribed and sworn to before me on: November 30, 1950
12. Signature of Notary: Alys R. Madoche
13. Notary Commission expires: 11-20 1953. Door Co. Wis.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Roy Peel	8-24-50	April, 15-10
Class* B	Date of Birth / Birth Place: 9 Yrs. old / Lago, Idaho	Full Name of Mother: Lucy Ann Harper	Name of Father: Jonathan Wright Gibbs	
SUPPORTING RECORD 2.	Type of Document: Driver's License	By whom issued and signed: Hal E. Hoss	Date Issued: 7-16-30	Date Orig. Entry: 7-16-30
Class B	Date of Birth / Birth Place: 29 Yrs. old / Lago, Idaho	Full Name of Mother: Lucy Ann Harper	Name of Father: Jonathan Wright Gibbs	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Equitable Life Insurance	Date Issued: 12-28-34	Date Orig. Entry: 12-28-34
Class B	Date of Birth / Birth Place: 8-1-1900 / Lago, Idaho	Full Name of Mother: Lucy Ann Harper	Name of Father: Jonathan Wright Gibbs	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. I. Benson	Carol Bennett	1-3-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy issued

CORRECTED FILE # FROM DE50-415 TO DE51-0415 1/10/2014-LLE

JAN 3 1951

318-126-025-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-459
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LESTER BENEdict TAYLOR
2. Date of Birth: (month) MAY (day) 26 (year) 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: FREEDOM Idaho

FATHER

6. Full Name of Father: FRANK LESTER TAYLOR.
7. State or Country of Father's Birth: IOWA U.S.A.

MOTHER

8. Full Maiden Name of Mother: MARY CAROLINE BENEdict
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester B. Taylor
11. Present Address of Registrant: NEWMAN LAKE WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: January 17, 1951
12. Signature of Notary: Margaret T. Boad
13. Notary Commission expires: Nov. 29, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Trust Deed	B. Auger, Trustee for Mary C. Taylor	Aug. 18, 1922	Same
Class* B	Date of Birth: May 26, 1900 / Birth Place	Full Name of Mother: Mary C. Taylor	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: State of Idaho Military Service	Date Issued: 2-8-43	Date Orig. Entry: 7-12-1942
Class B	Date of Birth: 42 Yrs Old / Birth Place: Freedom, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Registration Certificate	By whom issued and signed: Local Board Whitebird, Idaho	Date Issued: Sept. 1918	Date Orig. Entry: Sept. 1918
Class B	Date of Birth: 18 yrs old / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Jan. 22, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 22 1951

419-221-029-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-513
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Loetta Darr
2. Date Of Birth (month) Dec (day) 21 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Genessee Idaho
b. City or Town of Birth: No Genessee, Idaho

FATHER

6. Full Name of Father: Thomas Parmey Darr
7. State or Country of Father's Birth: Mo

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Carl
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Loetta Darr Meyer
11. Present Address of Registrant: 6500 E. Trent Spokane

NOTARY (Seal)

Subscribed and sworn to before me on Aug 25 1950
12. Signature of Notary: Emma C. Fuhrmeister
13. Notary Commission expires: Apr. 6 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Nurse's Record	Tillie Darr Hart	1-2-51	12-21-1900
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	12-21-1900 Genesee, Idaho	Mary Ellen Carl	Thomas P. Darr	
SUPPORTING RECORD 2.	Child's Birth Certificate	State of Arizona	7-2-18	7-12-18
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 21, 1900, Idaho			
SUPPORTING RECORD 3.	**Type of Document**	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		2-13-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 13 1951

243-225-044-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-579
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Ruth Sutton
2. Date Of Birth (month) 11 (day) 25 (year) 1900
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth a. County: Washington Co.
b. City or Town of Birth: Salubria (Cambridge)

FATHER

6. Full Name of Father: Oliver Elmer Sutton
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Rosa Ellen Hoffstatter
9. State or Country of Mother's Birth: Washington Co. Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Gladys Williams
11. Present Address of Registrant: Orchard Idaho

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____
12. Signature of Notary
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Policy	Equitable Life Assurance Society		11-29-1926
Class* B	Date of Birth / Birth Place: Nov. 25, 1900, Cambridge, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Bureau of Census	2-23-51	1910 Census
Class B	Date of Birth / Birth Place: 9 years old at that time, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Record	Southern Idaho College of Education	12-13-50	
Class B	Date of Birth / Birth Place: 11-25, 1900	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	3-5-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 5 1961

392-119-016-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-628
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Earl Lish

5. Date of Birth of Child (Month, day, year) October 19, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Allson Lish
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Fredregill
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that E. M. Snodgrass (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E M Snodgrass Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of November, 19 50

(SEAL) William D. Armstrong, Probate Judge & Ex-Officio Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 20, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1964

MAR 21 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

464-218-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-652
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Lorraine Douglas
2. Date Of Birth (month) (day) (year): October 18 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Lemuel B. Douglas
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Eva Schrader
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth L. Pilkinton
11. Present Address of Registrant: Meridian Ida. Rt 2

NOTARY (Seal)

Subscribed and sworn to before me on: March 26, 1951
12. Signature of Notary: Mabel Helen
13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Bible Record	Mother and Father	1900	1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10-18-1900	Nampa, Idaho	Eva Schrader	Lemuel B. Douglas

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Child's birth certificate	State of Idaho	9-9-22	9-9-22

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 Yrs.	Nampa, Idaho	Eva Schrader	Lemuel B. Douglas

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	3-26-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 27 1951

243-109-029-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-799
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Richard Bull
2. Date Of Birth (month) (day) (year): November 9 1900
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Latah Co. Idaho
b. City or Town of Birth: Freeze Idaho

FATHER

6. Full Name of Father: John Henry Bull
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Myrtie May Sinnett
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Richard Bull
11. Present Address of Registrant: Potlatch Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 15 1951

12. Signature of Notary: Lisle Liggett
13. Notary Commission expires
NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December ~~10, 1951~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Nov. 9, 1900
Class* A	Date of Birth / Birth Place: Nov. 9, 1900, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued	Date Orig. Entry: 1910 Census
Class B	Date of Birth / Birth Place: 9 years old Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Census	By whom issued and signed: Sup't of Public Instruction Latah County	Date Issued: 1-9-51	Date Orig. Entry: 1920
Class B	Date of Birth / Birth Place: 20 yrs old	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeder	May 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 1 1965

468-127-037-385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-831
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD Charles Griffey Morrow

5. Date of Birth of Child (Month, day, year) August 27, 1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Silas Lafayette Morrow
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Kirksville, (City or town) Missouri (State or foreign country)
14. Exact Occupation
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Amanda Cherry
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for lifetime years, and that Dr. J.M. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L Poney Morrow
Signature
Challis, Idaho
P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 42

(SEAL) A R Kinkaid
Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-15-57 by W W Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1965

MAY 16

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

386-213-028-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-846
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGIA BURDETTE THOMPSON		2. Date Of Birth (month) (day) (year): September 13 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Wolf Lodge, Kootenai County, Idaho b. City or Town of Birth: Wolf Lodge
FATHER	6. Full Name of Father: JOHN THOMPSON		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: AMELIA PETERSON		9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Burdette Thompson Hilke	11. Present Address of Registrant: Willow Creek, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: February 28 19 51	12. Signature of Notary: [signature]	13. Notary Commission expires: May 21 19 53.

Notary Public for the State of Montana; Residing at Three Forks, Montana.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: Clerk of the Court, Gallatin, Mont.	Date issued:	Date Orig. Entry: May 12, 1919
Class* B	Date of Birth: 18 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce	Date issued: 1920 census	Date Orig. Entry:
Class B	Date of Birth: 19 yrs old, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Aetna Life Insurance Co	Date issued: July 17, 1930	Date Orig. Entry:
Class B	Date of Birth: Sept. 13, 1900, Coeur d'Alene, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 21, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 22 1951

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: September 16, 1900
3. Place of Birth: White Female Wolf Lodge, Bonneval County, Idaho Wolf Lodge
4. Full Name of Father: JOHN [illegible]
5. Place of Birth: [illegible]
6. Place of Birth: [illegible]
7. Place of Birth: [illegible]
8. Place of Birth: [illegible]
9. Place of Birth: [illegible]
10. Signature of Registrant: [illegible]
11. Signature of Registrant: [illegible]
12. Signature of Registrant: [illegible]
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796-224-026-239

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-866
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Family residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.
   (f) Mother's mailing address same as above

3. **RESIDENCE of FATHER** (city, state) same as abo

4. **FULL NAME OF CHILD** Bessie Groom

5. Date of Birth (Month, day, year) May 24, 1900

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry William Groom
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kimpton, Hertsfordshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Violet Strong
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 25, 1951 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H W Groom, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bessie Groom (Taylor) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Mary Thompson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

H W Groom Signature
Route #1, Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of May, 1951

(SEAL) E. A. Holdsworth Notary Public, residing at Idaho Falls, Idah

JUN 5 1964

MAY 25 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

893-120-036-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-884
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis Hill
2. Date of Birth (month) (day) (year): JAN. 20 1900
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: ONEIDA - IDAHO
b. City or Town of Birth: ONEIDA-CO

FATHER

6. Full Name of Father: Andrew Nelson Hill
7. State or Country of Father's Birth: ONEIDA-CO. IDAHO

MOTHER

8. Full Maiden Name of Mother: Eleanor Lewis
9. State or Country of Mother's Birth: WALES.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis Hill.
11. Present Address of Registrant: Boise, IDAHO.

NOTARY (Seal)

Subscribed and sworn to before me on: May 31 1951
12. Signature of Notary: Jessie Wanless
13. Notary Commission expires: Jan. 24, 1955

APPLICANT--DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family Record Book	Andrew N. Hill		Jan 20,1900
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan 20,1900 / Oneida co.	Eleanor Lewis	Andrew Nelson Hill	
SUPPORTING RECORD 2. Class B	Discharge Papers, U.S.N.	G. B. Whitehead	11-25-1919	11-25-1919
	Jan 20,1900 / Malad City, Idaho			
SUPPORTING RECORD 3. Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	5-31-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 1 1964

MAY 15 1951

395-215-019-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-907
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Estella Frenam
2. Date of Birth (month) Oct. (day) 15 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Lost River

FATHER

6. Full Name of Father: Arthur LeRoy Frenam
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Grace May Foote
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois T. Romney
11. Present Address of Registrant: 314 East Third Ave Salt Lake City 3, Utah

NOTARY (Seal)

Subscribed and sworn to before me on May 25 1951
12. Signature of Notary: Charles [illegible]
13. Notary Commission expires: Clerk City Court

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Prudential Life Insurance	Insurance policy	5-21-51	
Class* B	Date of Birth / Birth Place: Oct. 15, 1900, Lost River, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Family Bible Record	Family Bible		Oct. 15, 1900
Class A	Oct. 15, 1900, Lost River, Idaho			
SUPPORTING RECORD 3.	Census Record	Department of Commerce	1910	
Class B	Oct. 15, 1900, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	June 6, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1951

653-124-003-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-985
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOTY, Horace Welles			2. Date Of Birth (month) August (day) 24th (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: DOTY, Horace Welles			7. State or Country of Father's Birth: United States of America (Vermont)
MOTHER	8. Full Maiden Name of Mother: CARY, Aurice Marie			9. State or Country of Mother's Birth: United States of America (Pennsylvania)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Horace Welles Doty Jr.		11. Present Address of Registrant: U.S.Army Hospital Fort Benning, Georgia
NOTARY (Seal)	Subscribed and sworn to before me on: 15 June 1951	12. Signature of Notary: Antoinette Saffington		13. Notary Commission expires: 18 July 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Feb. 25, 1946	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Aug. 24, 1900, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Physician's record	By whom issued and signed: H. A. Castle, M. D.	Date Issued: Oct. 14, 1927	Date Orig. Entry
Class A	Date of Birth / Birth Place: Aug. 24, 1900, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Horace Welles Doty and Aurice Marie Doty, Dec. 29, 1921	Date Issued	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 24, 1900, Pocatello, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Keeler	Date Filed: June 20, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 3 1960

466-112-03-858

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 3 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1159
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: ALMA HARRIS MOON		2. Date Of Birth (month) (day) (year): JUNE 12 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Egin, Idaho
FATHER	6. Full Name of Father: Ruben Moon		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy E. Harris		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Harris Moon	11. Present Address of Registrant: Fairfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 21, 1951	12. Signature of Notary: Chas A Scoggin	13. Notary Commission expires: Sept. 4 1952.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism and Confirmation, L. D. S. Church		7-24-51	Sept 4, 1908
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 12, 1900, Elgin, Idaho	Lucy E. Harris	Ruben Moon	
SUPPORTING RECORD 2. Class A	Marriage License	Clerk & Recorder Fremont County		3-3-1920
	20 yrs old / Elgin, Idaho			
SUPPORTING RECORD 3. Class B	Application for Insurance	Gem State Mutual Assoc.	8-13-51	7-26-43
	June 12, 1900, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Aug. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

AUG 20 1991

793-208-007-23

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2036
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emeline Gilman		2. Date Of Birth (month) (day) (year): May 8 - 1900
	3. Color or Race:	4. Sex:	5. Place of Birth a. County: b. City or Town of Birth: Hailey Idaho
FATHER	6. Full Name of Father: John Walter Gilman		7. State or Country of Father's Birth: North Brookfield Mass
MOTHER	8. Full Maiden Name of Mother: Minnie E. Stamper		9. State or Country of Mother's Birth: Oswego, Kansas
AFFIDAVIT	I Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emeline Gilman Ogsbury	11. Present Address of Registrant: 711 Washington St
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 12, 1951	12. Signature of Notary: Mabel H Keeler	13. Notary Commission expires: May 7 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: May 8, 1900
Class* A	Date of Birth: May 8, 1900	Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Mother's Diary	By whom issued and signed: Minnie E. Gilman	Date Issued:	Date Orig. Entry: May 8, 1900
Class A	Date of Birth: May 8, 1900	Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Sept. 13, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 14

5-92-125-035

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 17 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2141
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Theodore Nibler
2. Date of Birth: (month) May (day) 25 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho — Nez Perce
b. City or Town of Birth: Leon Station (Rural) School District #29

FATHER

6. Full Name of Father: Theodore Nibler
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Elizabeth Welch
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Theodore Nibler
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on OCT 15 1951 19____

12. Signature of Notary:
13. Notary Commission expires: Dec. 11 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. Boniface Church, Uniontown, Wn.		Oct. 21, 1900
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 25, 1900, Leon Station,	Nez Perce County, Idaho	Theodore Nibler	
SUPPORTING RECORD 2.	School Record	Nez Perce County Sup't		1915-16
Class B	May 25, 1900, Leon Station,	Nez Perce County		
SUPPORTING RECORD 3.	Affidavit by sister	Mrs. Jos. R. Lanterman		Oct. 2, 1951
Class B	May 25, 1900, Leon Station,	Nez Perce County		

QUALIFYING INFORMATION

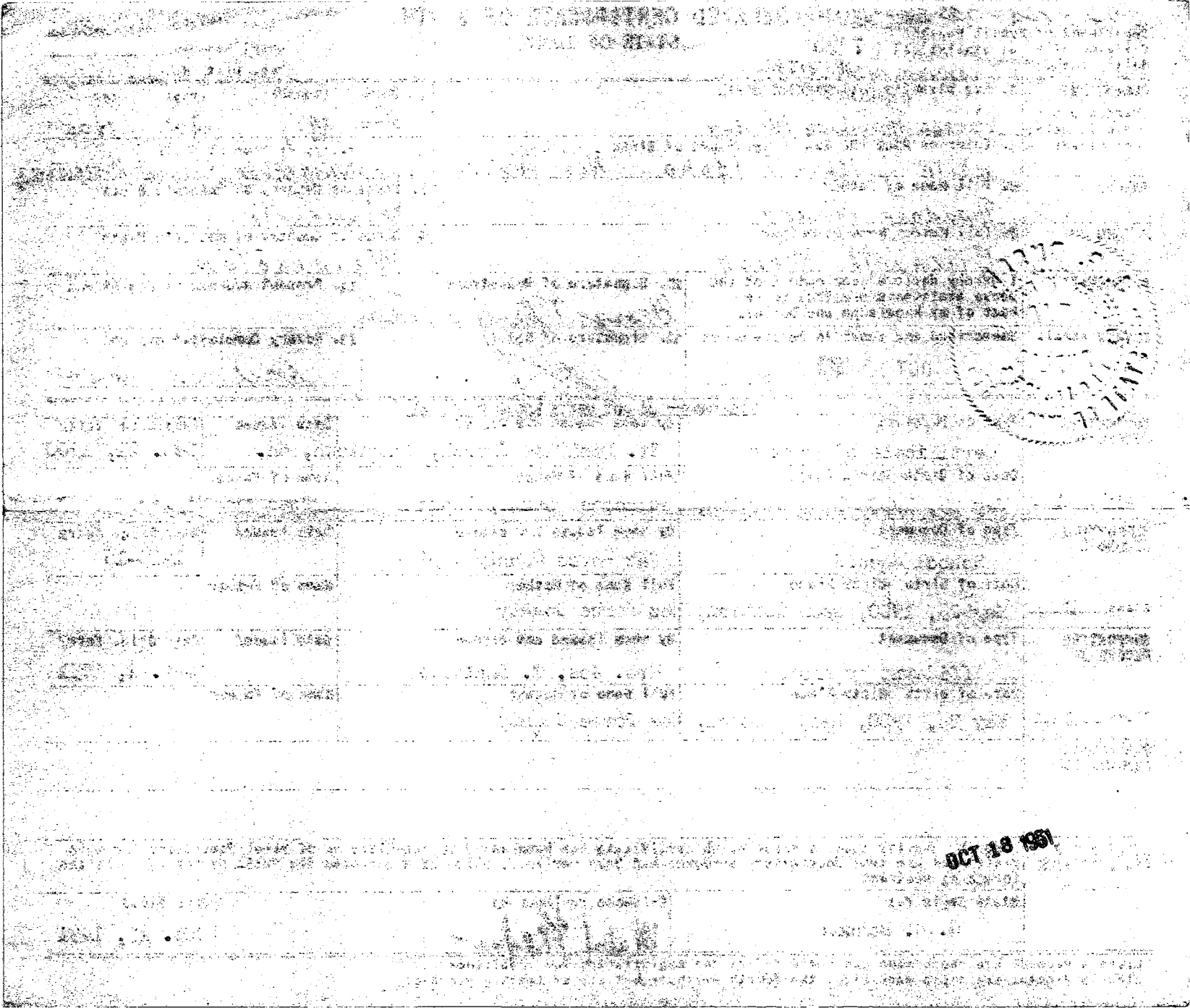
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Oct. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


OCT 18 1961

551-221
936-242

RECEIVED
OCT 30 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2172
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? life yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Amelia Evans

5. Date of Birth of Child (Month, day, year) May 21 1900

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Richards Evans

11. Color or Race white

12. Age at time of THIS birth 43 yrs.

13. Birthplace Nebraska city Nebr. (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah M. Bush

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Malad city Idaho. (City or town) (State or foreign country)

20. Exact Occupation house wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, and that Dr. J. Marion Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Kate E Jones Signature

Malad Idaho R#1 P. O. Address

Subscribed and sworn to before me this 27th day of October, 1951

(SEAL) A. E. Thomas Notary Public, residing at Malad Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated)

Received for filing on Oct. 30, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 31 1951

DELAYED

212-204
001-717

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 529 S. 16th
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 8 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 529 S 16th
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kathrrine Bernetta Baker

5. Date of Birth of Child (Month, day, year) Sept. 4, 1900

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Wm. Baker
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mt. Pulaski, Illinois (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Frank Nourse Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olevia Page
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cloud County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business H

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that Springer (First name) Dr. J. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Dora Hessing attended Dr. Springer at the birth. — Mrs Dora Hessing — signature

520 S. 16th Street, Boise — P.O. Address

Subscribed and sworn to before me this 14th day of November, 1951

(SEAL) Wilma G. Harrison, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 15, 1951 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

NOV 0 2 1998

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 16 19[illegible]

DELAYED

251-201-035-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 11 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2274
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian May Seals		2. Date of Birth (month) (day) (year): August 1st. 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Sperce Co.
			b. City or Town of Birth: Mohler Idaho R.F.D.
FATHER	6. Full Name of Father: Clem Seals		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Anna Davis		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: May S. Dannon	11. Present Address of Registrant: Kabton, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 19 50	12. Signature of Notary: Albert M. Catherwood	13. Notary Commission expires: Notary Public, First Judicial Circuit Terr of Hawaii 19 — My commission expires July 19, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Leonard Davis	Date Issued: Oct. 4, 1951	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Aug. 1, 1900, Mohler, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: Ernest M. Davis	Date Issued: Oct. 4, 1951	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 1, 1900, Mohler, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: New York Life	Date Issued: Apr. 5, 1926	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 1, 1900, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Dec. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 18 1950

DEC 7 1951

431-218-022

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 10 1951
DIVISION OF VITAL

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2283
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Louise McAlister			2. Date of Birth (month) February (day) 18 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Lorenzo Charles McAlister			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Zollinger			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Louise M Hendricks	11. Present Address of Registrant: Lewiston, Utah
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 10, 1951		12. Signature of Notary: Langton Barber Lewiston Utah	13. Notary Commission expires 1-25 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notification of Personnel Action, War Department	By whom issued and signed:	Date Issued:	Date Orig. Entry: Oct. 16, 1944
Class* B	Date of Birth: Feb. 18, 1900,	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Feb. 18, 1900
Class A	Date of Birth: Feb. 18, 1900,	Birth Place: Salem, Idaho	Full Name of Mother: Sarah Ann Zollinger	Name of Father: Lorenzo Charles McAlister
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Langton Barber	Date Issued: Dec. 7, 1951	Date Orig. Entry:
Class B	Date of Birth: Feb. 18, 1900,	Birth Place: Salem. Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Dec. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 30 1958

DEC 11 1968

DEC 20 1968

852-106-006 795

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DEC 12 1951
DIVISION OF VITAL

STATE OF IDAHO

State File No. De51-2294
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's [illegible] at Birth: Alfred Ernest Heslop
2. Date of Birth: (month) May (day) sixth (year) 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: William Heslop
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Charlotte Marie Pierce
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Heslop
11. Present Address of Registrant: R3, Idaho Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on December 7 1951

12. Signature of Notary: Edna Adams
13. Notary Commission expires: June 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	Marine Corps		Aug. 11, 1919
Class* B	Date of Birth / Birth Place: May 6, 1900, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Bible Record	Bible viewed by E. A. Owen, Notary Public		May 6, 1900
Class A	Date of Birth / Birth Place: May 6, 1900, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heslop	Dec. 12, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State Bureau [illegible]

Registrar's Distribution [illegible]
Division of Vital Statistics
Salary Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth		2. Date of Birth (Month) (Day) (Year)
	3. Color or Race	4. Sex	5. Place of Birth (County)
			6. City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

DEC 12 1961

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

556-121-022-81

RECEIVED
JAN 15 1952
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2359
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ralph Foster Newby

5. Date of Birth of Child (Month, day, year) June 21, 1900

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicklas Francis Newby

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace (City or town) England (State or foreign country)

14. Exact Occupation Engineer

15. Industry or Business Flour mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabella Yalbon

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace (City or town) England (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Colorado
County of Boulder } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 52 years, and that Mrs. Wallace (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Nestor Signature

Nuvot-Colo P. O. Address

Philip R. Haase, Notary Public
My Commission Expires Oct. 1, 1953
NUVOT, COLORADO

Subscribed and sworn to before me this 8 day of January, 1952.
(SEAL) Philip R. Haase, Notary Public, residing at Nuvot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 16, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 17 1952

DELAYED

249-276-003-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2385
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AGNES IONE SMITH		2. Date Of Birth (month) (day) (year): June 26th, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Co. / b. City or Town of Birth: Oxford, Idaho
FATHER	6. Full Name of Father: Edwin Smith		7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Emma Florence Bannister		9. State or Country of Mother's Birth: Birmingham, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James S. Smith	11. Present Address of Registrant: 2949 Monroe Blvd., Ogden, Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: January 21st, 1952	12. Signature of Notary: Frank Francis Jr	13. Notary Commission expires: August 8 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Marriage License, State of Utah	By whom issued and signed	Date Issued: 7-1-25	Date Orig. Entry: same
Class* B	Date of Birth / Birth Place: June 26, 1900, Oxford, Idaho	Full Name of Mother: Florence Bannister	Name of Father: Edwin Smith	
SUPPORTING RECORD 2.	Type of Document: Application for Life Insurance, Penn Mutual Life	By whom issued and signed	Date Issued: 1-21-51	Date Orig. Entry:
Class B	Date of Birth / Birth Place: June 26, 1900,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Edwin Smith	Date Issued: 1-17-52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: June 26, 1900, Oxford, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Jan. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 20 195

JAN 24 1952

314-216-015-865

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2497
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ESTHER MATHILDA LAU
2. Date Of Birth (month) November (day) 16th (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho — a. County: Caribou — b. City or Town of Birth: Soda Springs,

FATHER

6. Full Name of Father: Joseph Earnest Lau
7. State or Country of Father's Birth: Providence, Utah.

MOTHER

8. Full Maiden Name of Mother: Laura May Horsley
9. State or Country of Mother's Birth: Paris, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther L. Wallace
11. Present Address of Registrant: Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 25th 1952 19____

12. Signature of Notary: J. T. Torgesen
13. Notary Commission expires: July 2nd 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church		May 5, 1901

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 16, 1900	Soda Springs, Idaho	Laura M Horsley	Joseph Lau

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	School District 150 Caribou & Bonneville Counties	2-18-52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 16, 1900	Soda Springs		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Aunt	Rose L. Torgesen	Feb. 21, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 16, 1900	Soda Springs, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	W. W. Benson	Feb. 27, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Welfare
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1852-012
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: SYLVIA MATTHEWS LAU

2. Date of Birth: (Month) November (Day) 16th (Year) 1900

3. Sex: Female

4. Color or Race: White

5. Place of Birth: County: Caribou; City or Town or Birth: Soda Springs

FATHER

6. Full Name of Father: Joseph Barnett Lau

7. Color or Race: White

8. Age at Last Birthday: 51

9. Birthplace (State or Country): Providence, Utah

10. Occupation: Farmer

MOTHER

11. Full Maiden Name of Mother: Laura May Horsley

12. Color or Race: White

13. Age at Last Birthday: 49

14. Birthplace (State or Country): Paris, Idaho

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

15. Signature of Registrant: Sylvia Matthews Lau

16. Present Residence of Registrant: 2121 Dana Ave. Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: February 25th 1952

17. Signature of Notary: [illegible]

18. Notary Commission Expires: July 2nd 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Class 1

Type of Document: Certificate of Birth Place

By whom issued and signed: Mrs. E. S. Dimmick

Date Issued: Feb. 25 1952

Date of Birth: Nov. 16, 1900, Soda Springs, Idaho

Name of Mother: Laura M Horsley

Name of Father: Joseph Lau

SUPPORTING RECORD 2

Class 3

Type of Document: School Record

By whom issued and signed: School District 150 (Caribou & Bannock Co. Counties)

Date Issued: 2-15-52

Date Orig. Entry:

Date of Birth: Nov. 16, 1900, Soda Springs

Full Name of Mother:

Name of Father:

SUPPORTING RECORD 3

Class

Type of Document: Affidavit by Aunt

By whom issued and signed: Rose L. Norgaard

Date Issued: Feb. 25, 1952

Date Orig. Entry:

Date of Birth: Nov. 16, 1900, Soda Springs, Idaho

Full Name of Mother:

Name of Father:

CLARIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

FEB 27 1952

State Registrar: E. S. Dimmick

Evidence Reviewed by:

Date Filed: Feb. 27, 1952

Class 3 Records are those made after the fourth birthday but are at least 5 years old.
Class 4 Records are those made and dated before the registrant's fourth birthday.

251-122-007-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2530
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DANIEL CLYDE KEARNEY	2. Date Of Birth (month) FEBRUARY, (day) 22, (year) 1900
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: Idaho, BLANE	b. City or Town of Birth: HAILEY
FATHER	6. Full Name of Father: DANIEL KEARNEY	7. State or Country of Father's Birth: ATLANTA, IOWA.
MOTHER	8. Full Maiden Name of Mother: MARY CHRISTENSA LARSON.	9. State or Country of Mother's Birth: RACINE, WISCONSEN.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel Clyde Kearney; 11. Present Address of Registrant: 421-12th Street B. North LETHBRIDGE ALBERTA
NOTARY (Seal)	Subscribed and sworn to before me on: March 5th 1952	12. Signature of Notary: [signature]; 13. Notary Commission expires: at the will of the Lieut. Governor 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued:	Date Orig. Entry: 1900
	Date of Birth: 4 months old, Birth Place: Idaho	Full Name of Mother: Mary and	Name of Father: Daniel Kearney	
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: L. D. S. Baptized and Confirmed	Date issued:	Date Orig. Entry: June 13, 1908
	Date of Birth: Feb. 22, 1900, Birth Place: Hailey, Idaho	Full Name of Mother: Mary Larson	Name of Father: Daniel Kearney	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Mary C. Oler	Date issued:	Date Orig. Entry: Oct. 27, 1932
	Date of Birth: Feb. 22, 1900, Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	March 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] 6. County: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: ATLANTA, IOWA
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: RACINE, WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Census Record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued	Date Orig. Entry: 1930
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: June 13, 1930
	Date of Birth: Feb. 22, 1900 Birth Place: Malley, Idaho	Full Name of Mother: Mary Larson	Name of Father: Daniel Kearney	
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Mary [illegible]	Date Issued	Date Orig. Entry: Oct. 27, 1932
	Date of Birth: Feb. 22, 1900 Birth Place: Malley, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

CERTIFICATE

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	March 11, 1932

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 years old.

Form DRR 40067

168-205-040-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 22 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2605
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celia Johnson
2. Date of Birth: (month) August (day) 5 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Shoshone
   b. City or Town of Birth: Mullan, Idaho

FATHER

6. Full Name of Father: Gust Johnson
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Hilda Nelmark
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celia Johnson
11. Present Address of Registrant: Absarokee, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 1952
12. Signature of Notary: Ruth Bruce
13. Notary Commission expires: July 13 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother	John C. Johnson	2-29-52	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 5, 1900, Mullan, Idaho	Hilda Johnson	Gust Johnson	
SUPPORTING RECORD 2.	Marriage License	G. B. Iverson, County Clerk Stillwater County	Nov. 5, 1924	
Class B	24 years old, Mullan, Idaho			
SUPPORTING RECORD 3.	School Census	Florence Rosean, Supt. of Schools Stillwater County		year of 1913
Class B	Aug. 5, 1900,	Hilda Johnson	Gust Johnson	

QUALIFYING INFORMATION

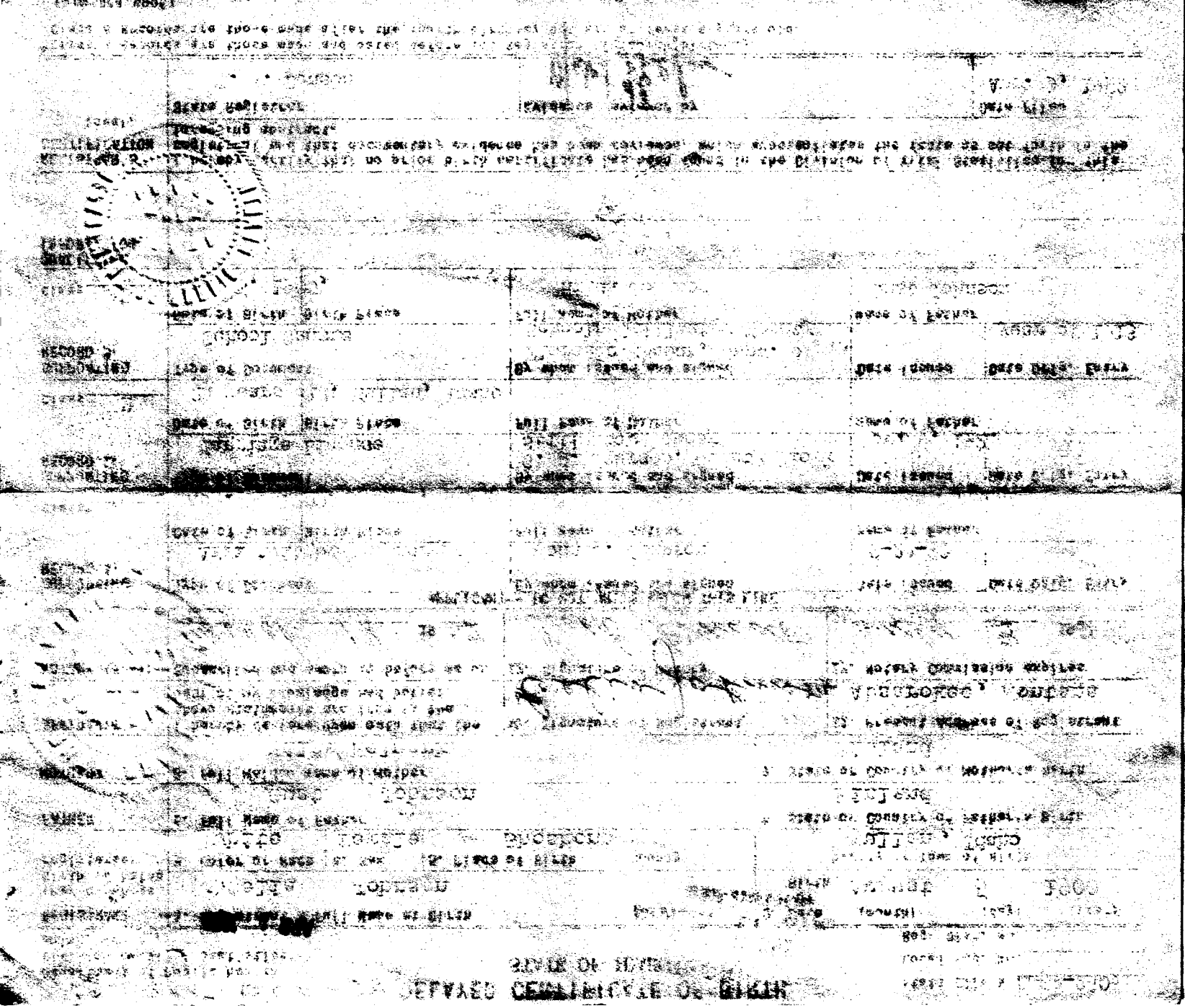
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
M. M. Benson	Mary Helen	Apr. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



386-207-022-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2713
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Thomson
2. Date of Birth: (month) April (day) 7 (year) 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Teton City, Fremont; b. City or Town of Birth: Teton City, Idaho

FATHER

6. Full Name of Father: John R. Thomson
7. State or Country of Father's Birth: Glassglow, Scotland

MOTHER

8. Full Maiden Name of Mother: Mary Ann Deborah, Bird
9. State or Country of Mother's Birth: Utah Cache, Mendon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Thomson "Hahn"
11. Present Address of Registrant: Arcadia, Fla

NOTARY (Seal)

Subscribed and sworn to before me on Feb 9th 1952

12. Signature of Notary: [signature]
13. Notary Commission expires: May 10 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census		1910 Census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10 yrs old	Idaho	Mary A. and	John R. Thomson

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by father	John R. Thomson	Oct. 2, 1951	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 7, 1900	Teton City, Idaho	Mary Ann Deborah Bird	John R. Thomson

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Census	Fremont County Supt. of Schools		1919 Census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
19 yrs old			

QUALIFYING INFORMATION

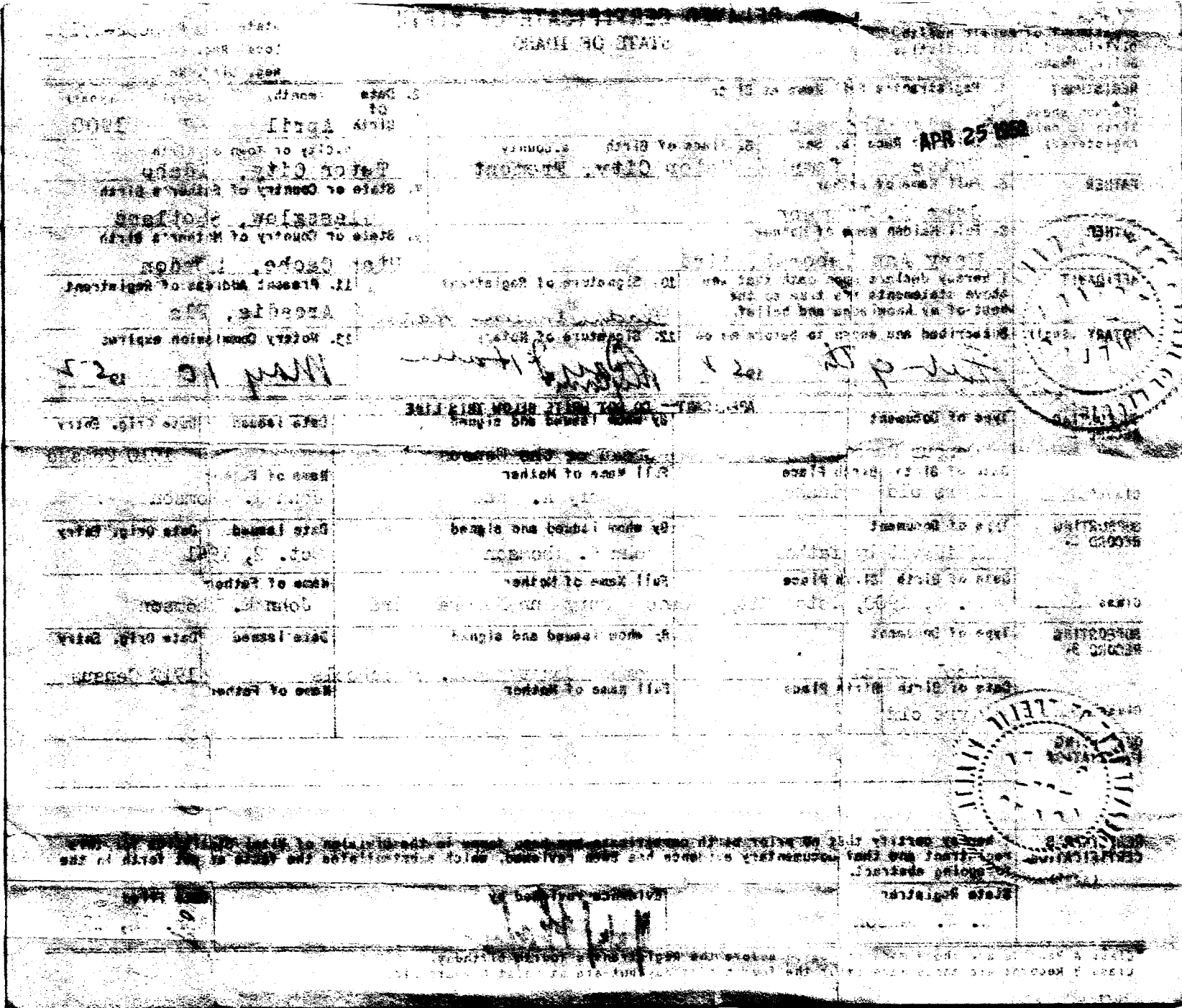
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



415-131-036-336

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 30 1952

State File No. De52-2740
Local Reg. No. 540
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver James Davis	2. Date of Birth (month) July (day) 31 (year) 1900
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth a. County: Oneida	b. City or Town of Birth: Dayton
FATHER	6. Full Name of Father: John P. Davis	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Alice Lloyd	9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver J Davis.
		11. Present Address of Registrant: 3322 W. 133 Hawthorne, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1952	12. Signature of Notary: May M. Zimmerman
		13. Notary Commission expires: My Commission Expires March 20, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: 7-23-1909
Class* B	Date of Birth: 7-31-1900	Birth Place: Dayton, Idaho	Full Name of Mother: Alice L. Loyd	Name of Father: John P. Davis	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: 7-23-1909
Class B	Date of Birth: July 31, 1900, Dayton, Idaho	Birth Place:	Full Name of Mother: Alice L. Loyd	Name of Father: John P. Davis	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Blanch Davis	Date issued: 4-1-52	Date Orig. Entry: 7-31-1900
Class B	Date of Birth: July 31, 1900, Idaho	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	—				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	May 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

PRH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. 840
Reg. Dist. No.

SEP 24 1962

MAY 2 1962

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: James Davis	2. Date of Birth (month) (day) (year): July 31 1900
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: County: Oneida	Dayton
FATHER	6. Full Name of Father: John R. Davis	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Alice Lloyd	9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present address of Registrant: 3322 W. 133 Hawthorne, Calif.
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: My Commission Expires March 26, 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: 7-23-1909
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: 7-23-1909
	Date of Birth / Birth Place: July 31, 1900, Dayton, Idaho	Full Name of Mother: Alice Lloyd	Name of Father: John R. Davis	
Class				
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister	By whom issued and signed: Lena Davis	Date Issued: [illegible]	Date Orig. Entry: 7-31-1909
	Date of Birth / Birth Place: July 31, 1900, Idaho	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	May 4, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made [illegible] fourth birthday but are at least [illegible] years old.

556-201-023-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Emmett
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state Emmett, Ida.

4. FULL NAME OF CHILD Hazel Amanda Newman

5. Date of Birth of Child (Month, day, year) Sept. 1, 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Colon Newman
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fayettville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Cerena Groves
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Denver Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 50 years, and that Is not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Attilla La Crone Signature
New Plymouth Idaho P. O. Address

Subscribed and sworn to before me this 13 day of July, 1951.
(SEAL) [signature], Notary Public, residing at New Plymouth
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 6, 1952 by W. W. Benson, Registrar

N.M.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

E84-208-006-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fern Rider
2. Date Of Birth (month) May (day) 8, (year) 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Idaho, Bingham; b. City or Town of Birth: Basalt

FATHER

6. Full Name of Father: John McDonald Rider
7. State or Country of Father's Birth: Big Cottonwood, Utah

MOTHER

8. Full Maiden Name of Mother: Rhoda Laura Jensen
9. State or Country of Mother's Birth: Spring Lake, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Thompson
11. Present Address of Registrant: 512½ N. 17th Boise

NOTARY (Seal)

Subscribed and sworn to before me on May 23 1952
12. Signature of Notary: Mabel Keeler
13. Notary Commission expires: May 7. 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		May 8, 1900
Class* A	Date of Birth / Birth Place: May 8, 1900	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church		May 8, 1900
Class A	Date of Birth / Birth Place: May 8, 1900, Basalt, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho, #191370		June 2, 1929
Class B	Date of Birth / Birth Place: 29 yrs old / Idaho, Bingham County	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	May 23, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. D652-2840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant (Full Name at Birth): Fern Rider	2. Date of Birth (month) (day) (year): May 3, 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, a. County: Bingham, b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: John McDonald Rider	7. State or Country of Father's Birth: Big Cottonwood, Utah	
MOTHER	8. Full Maiden Name of Mother: Rhoda Laura Jensen	9. State or Country of Mother's Birth: Spring Lake, Utah	
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 512 N. 12th Ave.
NOTARY (Seal)	Subscribed and sworn to before me on May 3, 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: May 3, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: May 8, 1900
Class A	Date of Birth: May 3, 1900	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: May 3, 1900
Class A	Date of Birth: May 3, 1900	Birth Place: Basalt, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho, #191370	Date Issued:	Date Orig. Entry: June 2, 1929
Class B	Date of Birth: 27 Yrs old	Birth Place: Idaho, Bingham County	Full Name of Mother:	Name of Father:
QUALIFICATION INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 23, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH 1000

719-217-003-464

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2863
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: TACIE Adele PARRY
2. Date Of Birth: (month) January (day) 17 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Bannock; b. City or Town of Birth Pocatello Idaho

FATHER

6. Full Name of Father: Joseph TUNKS PARRY
7. State or Country of Father's Birth: Utah U. S. A.

MOTHER

8. Full Maiden Name of Mother: Lydia ALMIRA DOUGLAS
9. State or Country of Mother's Birth: Idaho U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tacie Adele Parry de Julien
11. Present Address of Registrant: 9217 Virginian Lane, La Mesa California

NOTARY (Seal)

Subscribed and sworn to before me on: Mar. 20 1952
12. Signature of Notary: Gladys Laudenslager
13. Notary Commission expires: July 27, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by	Vilate D. Hogan, present at time of birth	May 22, 1952	
Class* B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan. 17, 1900, Pocatello, Idaho	Lydia Almira Douglas	Joseph Tunks Parry	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by father	Joseph Tunks Parry	May 26, 1952	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan. 17, 1900, Pocatello, Idaho	Lydia Almira Douglas	Joseph Tunks Parry	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by mother	Lydia Almira Parry	May 26, 1952	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan. 17, 1900 Pocatello, Idaho	" " "	Joseph Tunks Parry	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel P. Fidler	June 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 1 1959

Reg. Birth No.

1. Child's Full Name at Birth

2. Sex

3. Date of Birth (Month) (Day) (Year)

4. City or County of Birth

5. Place of Birth

6. Name of Father

7. State or Country of Father's Birth

8. Maiden Name of Mother

9. State or Country of Mother's Birth

10. Father's Occupation

11. Signature of Informant

12. Address of Informant

13. Date Signed

14. Signature of Notary

15. Notary Commission Expires

Subscribed and sworn to before me this ____ day of ____, 19__.

Signature ____ Type of Document

Affidavit of

Full Name at Birth

Date of Birth Birth Place

Affidavit of Mother

Full Name of Mother

Date of Marriage

Maiden Name

Affidavit of Doctor

Full Name of Doctor

Date of Birth Birth Place

Affidavit of Witness

Full Name of Witness

863-108-035-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D52-2871
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City RURAL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Nezperce (b) County Nezperce
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [redacted] 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** FLOYD WILLIAM HOLLOWAY

5. Date of Birth of Child (Month, day, year) May 8 1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Irwin Holloway
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wells County (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Sophia Ellen Crewdson Holloway
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Warren County (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by D Arthur E. Holloway (First name) (Last name) who is related as mother. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 52 years, and that D. Powell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D Arthur E. Holloway Signature

Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 29th day of May 19 52.

(SEAL) [redacted] Notary Public, residing at Twin Falls Ida.

My Commission Expires January 10, 1954

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 4, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1952
JAN 14 2015

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been registered, in case of failure to report any birth within the period prescribed by law, such report may be received and filed by the local registrar and record in the Bureau of Vital Statistics for the purposes and in the manner prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

613-204-001-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2877
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adeline Bertha Facey	2. Date of Birth (month) (day) (year): February 4th 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: George Facey	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Emma Blevins	9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adeline B. Howard; 11. Present Address of Registrant: Edmonton Alberta Canada
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 19 52	12. Signature of Notary: [signature]; 13. ~~Notary Commission expires~~ (Bruce) 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit byfirst cousin	Rose Curtis Durham	Feb. 25, 1952	
Class* B	Date of Birth / Birth Place: Feb. 4, 1900, Boise, Idaho	Full Name of Mother: Emma Blevins	Name of Father: George Facy	
SUPPORTING RECORD 2.	Affidavit by brother	Harry David Facy	Feb. 29, 1952	
Class B	Date of Birth / Birth Place: Feb. 4, 1900, Boise, Idaho	Full Name of Mother: Emma and	Name of Father: George Facy	
SUPPORTING RECORD 3.	Affidavit by first cousin	George Curtis	May 31, 1952	
Class B	Date of Birth / Birth Place: Feb. 4, 1900, Boise, Idaho	Full Name of Mother: Emma and	Name of Father: George Facy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
COTA (Seal)	Subscribed and sworn to before me on [illegible] 19	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible] 19

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by first cousin	Rose Jurtis Durham	Feb. 25, 1952	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 4, 1900, Boise, Idaho	Emma [illegible]	George Lacy	

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by brother	Harry David Lacy	Feb. 29, 1952	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 4, 1900, Boise, Idaho	Emma and	George Lacy	

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by first cousin	George Jurtis	Jan. 31, 1952	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Feb. 4, 1900, Boise, Idaho	Emma and	George Lacy	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Henson	[illegible]	June 4, 1952

*Class A Records are those made and dated before the [illegible] thereof.
Class B Records are those made after the [illegible] birthday but [illegible] years old.

Form [illegible]

796-219-001-817

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2878
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ina Della Proctor Latham
2. Date of Birth (month) (day) (year): February 19 1900
3. Color or Race: Caucasian
4. Sex: female
5. Place of Birth a. County: Farm near Boise- Ada
b. City or Town of Birth: Near Boise

FATHER

6. Full Name of Father: Willard Franklin Proctor
7. State or Country of Father's Birth: United States of America

MOTHER

8. Full Maiden Name of Mother: Elizabeth Della Hagen
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina Della Proctor Latham
11. Present Address of Registrant: 1417 Santa Monica Road Carpinteria, California

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1952
12. Signature of Notary: Leo G. McLean
13. Notary Commission expires: July 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Family Bible viewed by Gerald J. Tucker, Notary
Date Issued:
Date Orig. Entry: Feb. 19, 1900
Date of Birth: Feb. 19, 1900,
Birth Place:
Full Name of Mother:
Name of Father:
Class* A

SUPPORTING RECORD 2.

Type of Document: Affidavit by sister
By whom issued and signed: Vida E. Compton
Date Issued: Apr. 18, 1952
Date Orig. Entry:
Date of Birth: Feb. 19, 1900, Near Boise, Idaho
Birth Place:
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by sister
By whom issued and signed: Grace I. Otjen
Date Issued: Apr. 25, 1952
Date Orig. Entry:
Date of Birth: Feb. 19, 1952, near Boise, Idaho
Birth Place:
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Feeler
Date Filed: June 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. No. [illegible]

Local Reg. No. [illegible]

REGISTRANT

1. Registrant's Full Name at Birth: Lyle Delia Proctor

2. Date of Birth (month) (day) (year): February 12, 1903

3. Color or Race: Caucasian

4. Sex: Female

5. Place of Birth: Deer Lodge, Powell

6. City or Town of Birth: Deer Lodge

PARENTS

7. Name of Father: William Franklin Proctor

8. Birthplace of Father: United States of America

9. Full Maiden Name of Mother: Elizabeth Della Bacon

10. Birthplace of Mother: Montana

AFFIDAVIT

11. Signature of Registrant (if over 18 or married) or Parent: Lyle D. Proctor

12. Address of Registrant (if over 18 or married) or Parent: 1417 Santa Monica Road, Carpinteria, California

13. Subscribed and sworn to before me on: July 7, 1933

14. Signature of Notary: Alice S. Mitchell

15. Notary Commission expires: July 7, 1933

DOCUMENTARY EVIDENCE

(Attach documentary evidence used in support of this record. List only documents which show the date and place of birth of the registrant.)

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Public Record	Family Bible	Date of Issue: Feb. 19, 1900	
Date of Birth: Birth Place	Full Name of Mother	Name of Father: Proctor, Notary	

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by sister	Vida E. Compton	Apr. 19, 1932	
Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Feb. 19, 1900, Deer Lodge, Idaho			

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by sister	Vida L. Dutton	Apr. 25, 1932	
Date of Birth: Birth Place	Full Name of Mother	Name of Father	
[illegible], 1902, Deer Lodge, Idaho			

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the data as set forth in the above affidavit.

(seal)

Registrar: W. H. Denson

Signature Registered by: [signature]

Date Filed: June 1, 1932

This is a facsimile made and delivered to the Registrant as provided by law.
Class B records are those made after the fourth birthday, but are at least 5 years old.

252-111-014-614

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or~~ Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Notus Idaho

4. FULL NAME OF CHILD Oscar Eugene Bebb

5. Date of Birth of Child (Month, day, year) June 11, 1900

6. Sex M

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loren Eugene Bebb
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Columbus Martin (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Wade
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that Dr. Henry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L E Bebb Signature
607 Filmore, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1952

(SEAL) Mabel Fiedler Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 6, 1952 by W. W. Benson, Registrar.

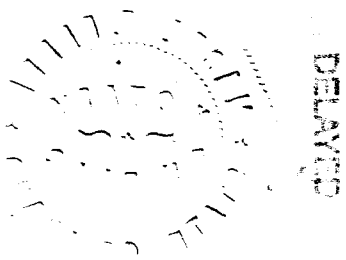
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-209-006-685

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2973
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Adelia Taylor			2. Date Of Birth (month) November (day) 9, (year) 1900
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: William Franklin Taylor			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Hilma Frederickson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude Stoner		11. Present Address of Registrant: 1103 N. 5th Street Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 7, 1952	12. Signature of Notary: Hilma G. Harrison		13. Notary Commission expires: November 29, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: 1910 Census
Class* B	Date of Birth: 9 yrs old	Birth Place: Idaho	Full Name of Mother: Hilma and	Name of Father: W. F. Taylor	
SUPPORTING RECORD 2.	Type of Document: School Census		By whom issued and signed: County Superintendent Bingham County	Date Issued:	Date Orig. Entry: Sept. 1909
Class B	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: On File Bureau of Vital Statistics Boise, Idaho	Date Issued:	Date Orig. Entry: Apr. 6, 1930
Class B	Date of Birth: 29 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: July 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NAME: (a) Name at birth
William Franklin Taylor

(b) Full Name of Mother
Emma Pre[illegible]

(c) Full Maiden Name of Mother

RACE: (a) Race
White

(b) Color or Race
[illegible]

SEX: (a) Sex
Male

(b) Sex
[illegible]

BIRTH: (a) Date of Birth
November [illegible], 1900

(b) Place of Birth (City, County and State or Foreign Country)
Blackfoot, Idaho

RESIDENCE: (a) Usual Residence (Where he lives. If institution, give last residence)
1103 N. 7th Street
Boise, Idaho

(b) Length of Residence in City or Town where born

(c) Length of Residence in State where born

(d) State or Country of Mother's Birth
North Carolina

(e) State or Country of Father's Birth
Sweden

OATH: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

(a) Signature of Registrant

(b) Signature of Deputy

(c) Official Title

(d) Notary Commission expires

(e) Present Address of Registrant
1103 N. 7th Street
Boise, Idaho

REGISTRAR'S ENDORSEMENT: Do not write below this line

Registrar's Serial No.

Local Reg. No.

Date Issued

Date of Reg. Entry

Name of Father

Maiden Name of Mother

Place of Birth (City, County and State or Foreign Country)

Date of Birth

Color or Race

Sex

Name of Person

Type of Document

Number Recording Birth Entered

Date Issued

Date Orig. Entry Recd. Here

433-108-025-485

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3020
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Jefferson McClanahan
2. Date Of Birth (month) (day) (year): March, 8 - 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County? Princeton Idaho; b. City or Town of Birth: Princeton, Idaho

FATHER

6. Full Name of Father: William Alexander McClanahan
7. State or Country of Father's Birth: Austin, Texas

MOTHER

8. Full Maiden Name of Mother: Susan Dye
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Jefferson McClanahan
11. Present Address of Registrant: 5812 1/2 Seville

NOTARY (Seal)

Subscribed and sworn to before me on: May 17. 1952
12. Signature of Notary: Norman W. Gilroy
13. Notary Commission expires: Commission Expires Aug 31. 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt	Lula Dye	May 17, 1952	
Class* B	Date of Birth / Birth Place: March 8, 1900, Princeton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Della Littrell	Date Issued: July 1, 1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: March 8, 1900, Princeton, Idaho	Full Name of Mother: Susan Dye	Name of Father: William Alexander McClanahan	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Mary Major	Date Issued: June 12, 1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: March 8, 1900, Princeton, Idaho	Full Name of Mother: Susan Dye	Name of Father: William Alexander McClanahan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeder	July 9, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

REGISTERED

FATHER

MOTHER

AFFIDAVIT

NOTARY (Seal)

SUPPLEMENTAL RECORD

CERTIFICATE OF

Type of Document

Date of Birth

Full Name of Mother

Full Name of Father

Date Issued

By whom issued and signed

Date Rec'd. Registered

966-227-035-693

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De52-3163
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bear Lake (b) City Webb
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Bear Lake
   (c) City Webb
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6 yrs.
   (f) Mother's mailing address (for registration notice): Webb (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** Webb Ridge Webb (City, State) Idaho

4. **FULL NAME OF CHILD** Vera Beatrice Rowland

5. **DATE OF BIRTH** Dec 27 1900 (Month, day, year)

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

FATHER OF CHILD

10. **FULL NAME** Charles Rowland
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Arkansas (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Franklin Williams
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Arkansas (City or Town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date
23. Name prophylactic used to prevent Ophthamia Neonatorum
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Dec 27 (born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

27. (a) Aug 22 1952 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** John H Alley M.D. (D.O., Midwife, etc.)
and address ..... Date .....

AUG 22 1952

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy; Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

249-709-016 -252

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3349
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Lucina Smith
2. Date Of Birth (month) (day) (year): March 9 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Marion (Oakley) Cassia
b. City or Town of Birth: Marion (Oakley

FATHER

6. Full Name of Father: Moses Smith
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Lucina Sessions
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Smith Cearney
11. Present Address of Registrant: 1810 Conant Ave Burley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 13 1952

12. Signature of Notary:
13. Notary Commission Expires: NOTARY PUBLIC, RESIDING AT BURLEY, IDAHO MY COMMISSION EXPIRES DEC. 1, 1955 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Census Record	Department of Commerce Bureau of the Census		1900 census
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	2 mo. Idaho	Lucina Smith	Moses Smith	
SUPPORTING RECORD 2. Class A	Certificate of Blessing	L. D. S. Church		Apr. 1, 1900
	Mch. 9, 1900, Marion, Idaho	Lucina Sessions	Moses Smith	
SUPPORTING RECORD 3. Class B	School Record	Cassia County Schools	6-14-52	1917 census
	Mch. 9, 1900 Marion, Idaho			

QUALIFYING INFORMATION

Also, life insurance policy issued by the Northern Life Insurance Co gives the date of birth as March 9, 1900. Affidavits by father and mother give date of birth as March 9, 1900 at Marion, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Oct. 14, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Martha Lucina Smith
2. Date of Birth (month) (day) (year): March 9 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Marion (Oakley) Kansas
6. Full Name of Father: Moses Smith
7. State or Country of Father's Birth: Marion (Oakley)
8. Full Maiden Name of Mother: Lucina Sessions
9. State or Country of Mother's Birth:

CERTIFICATE (Seal): I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 1810 Pennant Ave [illegible]
12. Signature of Notary: [signature]
13. Notary Commission Expires: [illegible] DEC. 1, 1953

NOTARY (Seal): Subscribed and sworn to before me on [illegible] 19[illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Census Record
By whom issued and signed: Department of Commerce, Bureau of the Census
Date Issued: 1900 census
Date of Birth: 2 [illegible] Birth Place: Idaho
Full Name of Mother: Lucina Smith
Name of Father: Moses Smith

Class A

SUPPORTING RECORD 2

Type of Document: Certificate of Blessing
By whom issued and signed: L. D. S. Church
Date Issued: Apr. 1, 1900
Date of Birth: Mch. 9, 1900 Birth Place: Marion, Idaho
Full Name of Mother: Lucina Sessions
Name of Father: Moses Smith

Class A

SUPPORTING RECORD 3

Type of Document: School Record
By whom issued and signed: Cassia County Schools
Date Issued: 5-14-52
Date Orig. Entry: 1917 census
Date of Birth: Mch. 9, 1900 Birth Place: Marion, Idaho
Full Name of Mother:
Name of Father:

Class B

OCT 15 1952

QUALIFYING INFORMATION

Also, life insurance policy issued by the Northern Life Insurance Co gives the date of birth as March 9, 1900. Affidavits by father and mother give date of birth as March 9, 1900 at Marion, Idaho

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: [signature]
Date Filed: Oct. 14, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

319-126-004-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3363
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DREYFUS ALEXANDER TARTER		2. Date of Birth (month) July (day) 26 (year) 1900	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County HOME WASHINGTON	b. City or Town of Birth: MINERAL IDAHO
FATHER	6. Full Name of Father: ALEXANDER DAVIS TARTER		7. State or Country of Father's Birth: OREGON BAKER Co.	
MOTHER	8. Full Maiden Name of Mother: LUELLA JANETTE PERKINS		9. State or Country of Mother's Birth: MICHIGAN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: D. A. Tarter	11. Present Address of Registrant: Nampa Ida R. 3,
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____		12. Signature of Notary	13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate		By whom issued and signed: Bureau of Vital Statistics State of Idaho #105225	Date Issued: 9/11/22	Date Orig. Entry: 6/30/22
Class* B	Date of Birth: 22 yrs old	Birth Place: Mineral, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: L. D. S. Church of Nampa Lewis R. Adams, Ward Clerk	Date Issued: 1/7/45	Date Orig. Entry: 2/27/27
Class B	Date of Birth: Jul 26 1900	Birth Place: Mineral, Idaho	Full Name of Mother: Lanvela Perkins	Name of Father: Alexander Davis Tarter	
SUPPORTING RECORD 3.	Type of Document: Life Insirance Policy		By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: 9/6/45	Date Orig. Entry: 9/6/45
Class B	Date of Birth: July 26 1900	Birth Place: Mineral, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	10/17/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics

DEC 6 1965 230

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

RECEIPT

1. Name of child — First, Middle, Last

LUCILLE JANE DAVIS

2. Date of Birth (Month) July (Day) 26 (Year) 1922

3. Sex: Female

4. Place of Birth: a. (County) Washington b. (City or Town) Weiser

5. Usual Residence of Mother: a. (State) Idaho b. (County) Washington c. (City or Town) Weiser

FATHER

6. Full name of father: ALEXANDER DAVIS TRAPER

7. Color or Race: White

8. Age at last birthday: 24

9. Birthplace: Idaho

MOTHER

10. Full maiden name of mother: LUCILLA JANETTE FERRIS

11. Color or Race: White

12. Age at last birthday: 21

13. Birthplace: Idaho

AFFIDAVIT

I hereby depose upon oath that the above statements are true to the best of my knowledge and belief.

14. Signature of Applicant: Lucille Davis

15. Present Address of Applicant: Weiser, Idaho R.F.D.

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19

16. Signature of Notary: [illegible]

17. Notary Commission expires: [illegible] 19

SUPPORTING RECORD 1.

Class B

Type of Document: Certificate of Birth

Date of Birth: July 26, 1922

Birth Place: Weiser, Idaho

Full Name of Mother: Lucilla Janette Ferris

Date Issued: 11/1/22

Name of Father: Alexander Davis Trapper

By whom issued and signed: [illegible]

Date Filed, Entry: 11/3/22

SUPPORTING RECORD 2.

Class B

Type of Document: Certificate of Baptism

Date of Birth: July 26, 1922

Birth Place: Weiser, Idaho

Full Name of Mother: Lucilla Janette Ferris

Date Issued: 2/20/23

Name of Father: Alexander Davis Trapper

By whom issued and signed: Rev. E. O. Church of Weiser, Idaho R. Adams, [illegible]

Date Filed, Entry: 2/20/23

SUPPORTING INFORMATION

Class B

Type of Document: Life Insurance Policy

Date of Birth: July 26, 1922

Birth Place: Weiser, Idaho

Full Name of Mother: [illegible]

Date Issued: 9/8/25

Name of Father: [illegible]

By whom issued and signed: Idaho Mutual Benefit Association 9/8/25

Date Filed, Entry: 9/8/25

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: 10/11/65

Registrar: D. C. Jensen

Evidence reviewed by: Eva Adams

Date Filed: 10/11/65

Class A Records are those made and dated before the [illegible] Class B Records are those made after the month by [illegible] not less than 1 year old

613-227-009-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3376
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dallas Catherine Watt		2. Date Of Birth (month) (day) (year): March 27, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Jackson Carl Watt		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Minnie Dallas Miller		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dallas C. Ingle	11. Present Address of Registrant: Box 262 Coquille, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1952	12. Signature of Notary: Dora A. Oerting	13. Notary Commission expires: Sept. 11 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth Certificate #74184 of daughter		By whom issued and signed: State of Idaho Bureau of Vital Statistics	Date Issued: Filed 12/8/19	Date Orig. Entry: Birth of child Nov. 21, 1919
Class* B	Date of Birth: 19 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate #140394 of daughter		By whom issued and signed: State of Idaho Bureau of Vital Statistics	Date Issued: filed Apr. 8, 1926	Date Orig. Entry: Birth of child Feb. 7, 1926
Class B	Date of Birth: Age last birthday 25 yrs.	Birth Place: Sandpoint, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School record of 1910		By whom issued and signed: Superintendent of Public Instr. Gertrude C. Bowen	Date Issued:	Date Orig. Entry: Sept., 1910
Class B	Date of Birth: 10 yrs old	Birth Place:	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

OCT 21

419-725-023-355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3388
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LYLIA MAE MARKER			2. Date of Birth (month) JUNE (day) 25 (year) 1900
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: IDAHO / GEM	b. City or Town of Birth: EMMETT
FATHER	6. Full Name of Father: ANDREW RUEBEN MARKER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELLEN LINDSEY			9. State or Country of Mother's Birth: ENGLAND, GREAT BRITAIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lylia Mae Marker		11. Present Address of Registrant: Route # 9, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 22, 1952	12. Signature of Notary: Lyle D. Christensen		13. Notary Commission expires: January 15, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 10/2/13	Date Orig. Entry: 10/2/13
Class* B	Date of Birth: June 25 1900 / Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Lindsey	Name of Father: Andrew R. Marker	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics State of Idaho #52726	Date Issued: 9/11/17	Date Orig. Entry: 9/9/17
Class B	Date of Birth: 17 yrs old / Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ellen Marker	Date Issued: 10/23/52	Date Orig. Entry: 10/23/52
Class B	Date of Birth: June 25 1900 / Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Marker	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: 10/23/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

RECIPIENT	1. Registrant's Full Name at Birth: LYLIA MAE MARKER	2. Date of Birth (month) (day) (year): JUNE 25 1900
Person whose Birth is being registered:	3. Color or Race: WHITE; Sex: FEMALE; Place of Birth: IDAHO; Country: GEM	City or Town of Birth: EMMETT
FATHER	6. Full Name of Father: ANDREW HUEBEN MARKER	7. State or Country of Father's Birth: UTAH
	8. Full Maiden Name of Mother: ELLEN LINDSEY	9. State or Country of Mother's Birth: ENGLAND, GREAT BRITAIN

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Route # 9, Boise, Idaho
Subscribed and sworn to before me on: October 22, 19 52	12. Signature of Notary: [signature]	13. Notary Commission expires: January 15, 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 10/2/13	Date Orig. Entry: 10/2/13
Class* 3	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics, State of Idaho #52/25	Date Issued: [illegible]	Date Orig. Entry: 9/9/27
Class 2	Date of Birth / Birth Place: 17 yrs old / Emmett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ellen Marker	Date Issued: 10/23/52	Date Orig. Entry: 10/23/52
Class 3	Date of Birth / Birth Place: June 25 1900 / Emmett, Idaho	Full Name of Mother: Ellen Marker	Name of Father	

QUALIFICATION

CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	Place Registrar: R. [illegible] Benson	Evidence reviewed by: Eva Karn	Date Filed: 10/23/52

*Class 1 Records are those made and dated before the registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least 1 year old.

Form [illegible]

CHRISTENSEN ... NOTARY ... STATE OF IDAHO

415-172-028-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3401
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Chester Davis			2. Date Of Birth (month) (day) (year): Aug. 22 - 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kathdrum Idaho-Kootenai	b. City or Town of Birth: Rathdrum - Idaho.	
FATHER	6. Full Name of Father: Thomas Jefferson Davis			7. State or Country of Father's Birth: Illinois - U. S. A	
MOTHER	8. Full Maiden Name of Mother: Nancy Matilda Goodwin			9. State or Country of Mother's Birth: Illinois U. S. A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Chester Davis		11. Present Address of Registrant: 753 N. 9th St.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 29th 1952	12. Signature of Notary: S. M. Kasper		13. Notary Commission expires: May 4th 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: School Superintendent's Ofc. Multnomah County		Date Issued:	Date Orig. Entry: Nov. 25, 1907
Class* B	Date of Birth: 7 yrs old	Birth Place:	Full Name of Mother: N. Davis	Name of Father: Jeff Davis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Lemmuel G. Davis		Date Issued: Sept. 12, 1952	Date Orig. Entry:
Class B	Date of Birth: Aug. 22, 1900	Birth Place: Rathdrum, Idaho	Full Name of Mother: Nancy Matilda Goodwin	Name of Father: Thomas Jefferson Davis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Reliance Life Insurance Co. Pittsburg, Pa.		Date Issued:	Date Orig. Entry: Apr. 7, 1927
Class B	Date of Birth: Aug. 22, 1900	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Feeler	Date Filed: Oct. 27, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 252-3102
Local Reg. No.
Reg. Dist. No.

REGISTRARY — 1. Child's Full Name at Birth

(Please write plainly in ink.)

2. Date of Birth (Month) (Day) (Year)

3. Sex

4. Place of Birth (County)

5. Usual Home of Mother

6. Color or Race

7. Name of Father

8. Maiden Name of Mother

9. Birthplace of Father

10. Birthplace of Mother

AFFIDAVIT — I hereby swear (or affirm) that the facts stated above are true to the best of my knowledge and belief.

11. Signature of Applicant

12. Personal Address of Applicant

NOTARY — Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission Expires

15.

SUPPORTING RECORD 1. — Type of Document: Official Record

Date of Birth: Birth Place:

By whom Issued and Signed: School Superintendent's Office, Nezperce County, Idaho

Full Name of Mother:

Name of Father:

Date Issued: Nov. 25, 1927

Date Orig. Rec'd:

Class C

SUPPORTING RECORD 2. — Type of Document: Affidavit by Brother

Date of Birth: Aug. 22, 1920

Birth Place:

By whom Issued and Signed: Leonard E. Davis

Full Name of Mother:

Name of Father: Thomas Jefferson Davis

Date Issued: Sept. 12, 1927

Date Orig. Rec'd:

Class B

SUPPORTING RECORD 3. — Type of Document: Insurance Policy

Date of Birth: Aug. 22, 1920

Birth Place: Idaho

By whom Issued and Signed: Atlantic Life Insurance Co. Philadelphia, Pa.

Full Name of Mother:

Name of Father:

Date Issued: Apr. 7, 1927

Date Orig. Rec'd:

Class B

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: W. A. Benson

Evidence received by:

Date Filed: Oct. 27, 1932

Class A Records are those made and dated prior to the 5th Annual Birth Report Year.
Class B Records are those made after the 5th Annual Birth Report Year but not later than 5 years.
Class C Records are those made after the 5th Annual Birth Report Year but not later than 10 years.

997-227-006-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3422
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veda Blanche Riggs
2. Date of Birth: (month) February (day) 27 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: John L. Riggs
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Esther Velva Watson
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veda Blanche Riggs
11. Present Address of Registrant: c/o Allen G. Fletcher, Attorney, 902 Portland Trust Building, Portland 4, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: October 27 19 52
12. Signature of Notary: Allen G Fletcher
13. Notary Commission expires: January 6 19 53

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Marriage License	County Clerk, Lawrence M. Malan Weber County, Utah	8/28/52	License issued Aug. 25, 1920
Class* B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Feb. 27, 1900 Blackfoot, Ida.	Velva Watson	John L. Riggs	
SUPPORTING RECORD 2.	Type of Document: Employees Service Record	By whom issued and signed: Mtn States Tel. & Tel. Co. Salt Lake City, Utah,	Date Issued	Date Orig. Entry: 3-15-20 to 9-4-20
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Feb. 27, 1900			
SUPPORTING RECORD 3.	Type of Document: Birth Certificate # 3171 for daughter	By whom issued and signed: State of Utah Board of Health	Date Issued: 9/8/21	Date Orig. Entry: Child born on Aug. 29, 1921
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	21 yrs old Blackfoot, Idaho			

QUALIFYING INFORMATION

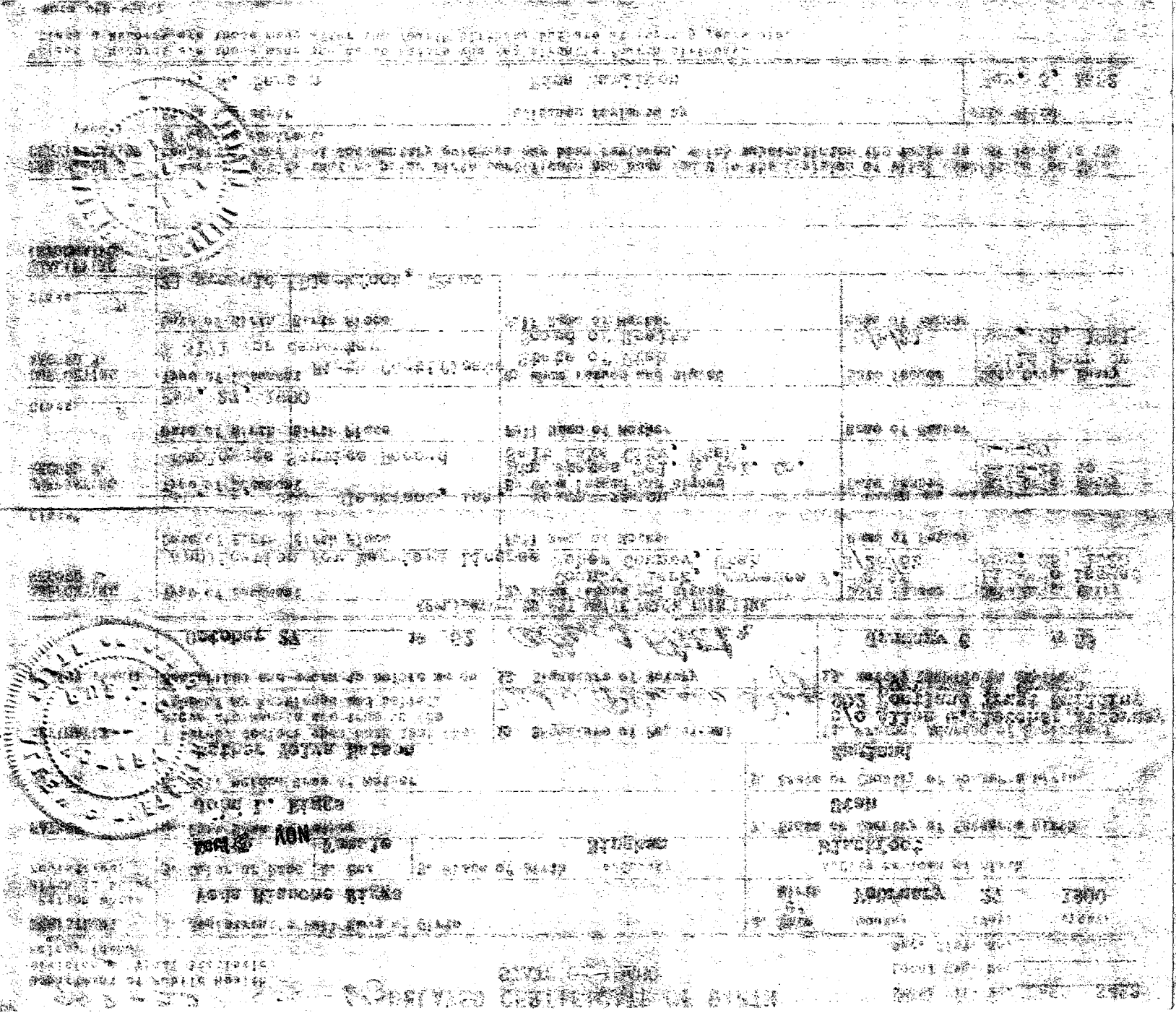
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



533-123-017-618

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3423
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ted Francis Ellis			2. Date of Birth (month) April (day) 23 (year) 1900	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Dubois		b. City or Town of Birth: Dubois, Idaho
FATHER	6. Full Name of Father: Ted Daniels Ellis			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Daisy Elizabeth Fayle			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: J. F. Ellis,	11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 30th day of October 1952		12. Signature of Notary: Charles Herndon	13. Notary Commission expires: 2-14 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record for Clark Co.		By whom issued and signed: Office of Supt. of Public Instruction, Bess Pollock, Supt.	Date Issued: 10/8/52	Date Orig. Entry:
Class* B	Date of Birth: April 23, 1900	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit re Book 3, Election Register of Lemhi County		By whom issued and signed: W. W. Simmonds, Auditor and Recorder of Lemhi County	Date Issued: 10/28/52	Date Orig. Entry: Registered on Oct. 23, 1926
Class B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Letter re Ins. Policy No. 1612663		By whom issued and signed: Bankers Life Co., R. G. Stuart Supv., Records	Date Issued: 10/6/52	Date Orig. Entry: Applied for Ins. June 15, 1951
Class B	Date of Birth: April 23, 1900	Birth Place: Dubois, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE

NOV 3 1952

1. Name	2. Date	
3. Color or Race	4. Sex	5. Place of birth
6. Age	7. Date of birth	
8. Name of father		
9. Maiden name of mother		
10. Birthplace of father		11. Birthplace of mother
12. Informant		13. Address of informant
14. Attendant		15. Address of attendant
16. Date received by local registrar		

I hereby certify that I attended the child born alive at the place and time and on the date above set forth.

17. Signature and title

18. Address

19. Date signed

20. Name of Physician

21. Address of Physician

22. Date signed

23. Name of Physician

24. Address of Physician

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3470
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carol Marie Hanson		2. Date Of Birth (month) (day) (year): June 13 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Edwin Ludwig Hanson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosetta Linnie Fisher		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carol M. Durham	11. Present Address of Registrant: 3012 Marina Drive, Alameda, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1952	12. Signature of Notary: Dorothy Dunn	13. Notary Commission expires: March 18 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church record	By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 11/10/52	Date Orig. Entry: July 1, 1900
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosetta Fisher	Name of Father: Edwin L. Hanson
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Alma Hardy, Acting Clerk	Date Issued: July 12, 1908	Date Orig. Entry: Baptized on July 12, 1908
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosetta L. Fisher	Name of Father: E. L. Hanson
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Aunt	By whom issued and signed: Marie Hanson Fisher	Date Issued: 11/4/52	Date Orig. Entry:
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosetta Linnie Fisher	Name of Father: Edwin Ludwig Hanson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 1952 3020
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Carol Marie Hanson	2. Date of Birth (month) (day) (year): June 13 1900
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (a. county): Fremont	6. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Edwin Ludwig Hanson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosette Linnie Fisher	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: 3012 Marine Drive, Alameda, California
NOTARY	Subscribed and sworn to before me on [illegible] 1952	12. Signature of Notary: [signature]
		13. Notary Commission expires: [illegible] 1953

NOV 20 1952

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 11/10/52	Date Orig. Entry: July 1, 1900
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosette Fisher	Name of Father: Edwin L. Hanson
Class A				
SUPPORTING RECORD 2.	Type of Document: Certificate of Tantism	By whom issued and signed: L. D. S. Church, by Alma Hardy, Acting Clerk	Date Issued: July 15, 1908	Date Orig. Entry: Jan 12, 1908
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosette L. Fisher	Name of Father: E. L. Hanson
Class B				
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Marie Hanson Fisher	Date Issued: 11/4/52	Date Orig. Entry:
	Date of Birth: June 13, 1900	Birth Place: Annis, Idaho	Full Name of Mother: Rosette Linnie Fisher	Name of Father: Edwin Ludwig Hanson
Class				
CURRENT INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Hanson	Mona Hamilton	Nov. 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form BPR 9024

168-121-040-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3507
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd John Arthur Johnson			2. Date of Birth (month) January, (day) 21, (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Burke, Shoshone, Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Arthur Johnson			7. State or Country of Father's Birth: Sweeden
MOTHER	8. Full Maiden Name of Mother: Josephine Swanson			9. State or Country of Mother's Birth: Sweeden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd John Arthur Johnson		11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November, 25, 1952	12. Signature of Notary: G. C. Pennell		13. Notary Commission expires: May, 24, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit	By whom issued and signed: Charles H. Anderson		Date Issued: 11/6/52	Date Orig. Entry:
	Date of Birth: Jan. 21, 1900	Birth Place: Burke, Idaho	Full Name of Mother: Josephine Swanson	Name of Father: Arthur Johnson	
SUPPORTING RECORD 2. Class B	Type of Document: Letter from Insurance Co. Re #31128-7PP	By whom issued and signed: Maurice W. Peek, Northern Life Ins. Co.		Date Issued: 11/5/52	Date Orig. Entry: Application made July 7, 1919
	Date of Birth: Jan. 21, 1900	Birth Place: Burke, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Letter from Lewis County Recorder re Voting record *	By whom issued and signed: Clerk, Ex-Offocop Auditor, etc W. R. Emerson,		Date Issued: 11/24/52	Date Orig. Entry: Registered on July 17, 1926
	Date of Birth: 26 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

* Registered to Vote as John Johnson. An affidavit made by G. C. Pennell stating that John Johnson and Floyd John Arthur Johnson are one and the same person; said affidavit being notarized by affiant who is a Notary Public in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

DEC 1 1952

REGISTRANT (person whose birth is being registered)	1. Registered Full Name at Birth: Floyd John Arthur Johnson	2. Date of Birth (month) January, (day) 21, (year) 1900
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: Burke, Shoshone, Idaho (a. County; b. City or town of Birth)	
FATHER	6. Full Name of Father: Arthur Johnson	7. State or Country of Father's Birth: Sweeden
MOTHER	8. Full Maiden Name of Mother: Josephine Swanson	9. State or Country of Mother's Birth: Sweeden
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: May, 24, 1955

APPLICANT - DO NOT WRITE BELOW DIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Charles P. Anderson	Date Issued: [illegible]/52	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 11/5/52	Date Orig. Entry: Apr 11 [illegible] July 7, 1916
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 11/24/52	Date Orig. Entry: Registered in July 17, 1926
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFIED INFORMATION

* Registered to Vera [illegible] John Johnson. [illegible] affidavit made by [illegible] C. Pennell stating that John Johnson and Floyd John Arthur Johnson are one and the same person; said [illegible] being [illegible] a Notary [illegible] in Idaho.

REGISTRAR'S CERTIFICATION (seal)

Firm, by certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Nov. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class C Records are those made after the fourth birthday but [illegible]

269 - 231-004-632

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3552
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Liberty
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Liberty
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Liberty Idaho

4. **FULL NAME OF CHILD** LaVerna Sorensen

5. Date of Birth of Child (Month, day, year) October 31, 1900

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES Christian Sorensen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olsson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lilla [illegible] (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Malheur } ss.

X I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 5-2 years, and that Mary (First name) Hymas (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selma Christina Poulsen Signature
Route 2, Box 14, Nyssa Oregon Address

Subscribed and sworn to before me this 9th day of December 1952.

(SEAL)

[signature], Notary Public, residing at Nyssa, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 9/5/55

Received for filing on Dec. 11, 1952 by W. W. Benson, Registrar

DEC 1 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

284-09-040-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Nadine Sims

5. Date of Birth of Child (Month, day, year) Sept. 9, 1900

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Stark Sims

11. Color or Race White **12.** Age at time of THIS birth 45 yrs.

13. Birthplace Wallace (City or town), Idaho (State or foreign country)

14. Exact Occupation Physician

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Reta Culp

17. Color or Race White **18.** Age at time of THIS birth 20 yrs.

19. Birthplace Pendleton (City or town), Oregon (State or foreign country)

20. Exact Occupation Nurse & Housewife

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now X 70 years of age, that I have known this person for 52 years, and that Dr. William S. Sims (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Jessie Scranton Signature

P. O. Address

Subscribed and sworn to before me this 4th day of November, 1952

(SEAL) Frances Davis Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 23, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

274-103-029-485

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3589
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Herman Spuler
2. Date of Birth (month) 9 (day) 3 (year) 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Latah
b. City or Town of Birth: Near Genesee Idaho

FATHER

6. Full Name of Father: Herman Spuler
7. State or Country of Father's Birth: Baden, Germany

MOTHER

8. Full Maiden Name of Mother: Caroline Gertrude Spuler
9. State or Country of Mother's Birth: Moravia Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J. H. Spuler
11. Present Address of Registrant: Amber Wash

NOTARY (Seal)

Subscribed and sworn to before me on December 23 1952
12. Signature of Notary: Arnold D. Nielsen
13. Notary Commission expires: 3-27 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. Mary's Church, Genesee, Ida. by Rec. Chas. Veit, Pastor	Dec. 9, 1941	Baptized on Sept. 23, 1900
Class* A	Date of Birth: Sept. 3, 1900 — Birth Place: Genesee, Idaho	Full Name of Mother	Name of Father: Herman Spuler	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Whitman County Supt. of Schools, Colfax, Wn., by Ruth S. Trimm County Supt.	Date Issued: 12/17/52	Date Orig. Entry: Census record of May 1, 1913
Class B	Date of Birth: Sept. 3, 1900 — Birth Place	Full Name of Mother: Mrs. Herman Spuler	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth — Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52 3589
Local Reg. No.
Reg. Dist. No.

DEC 30 1952

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church, Genesee, Ida. by Rec. Chas. Veit, Pastor	Date Issued: Dec. 9, 1941	Date Orig. Entry: Baptized on Sept. 23, 1900
	Date of Birth / Birth Place: Sept. 3, 1900 Genesee, Idaho	Full Name of Mother:	Name of Father: Herman Spaler	
SUPPORTING RECORD 2	Type of Document: School record	By whom issued and signed: Kellogg County Supt. of Schools, Colfax, Wn., by Ruth S. Trimm, County Supt.	Date Issued: 12/17/52	Date Orig. Entry: Census record of May 1, 1913
	Date of Birth / Birth Place: Sept. 3, 1900	Full Name of Mother: Mrs. Herman Spaler	Name of Father:	
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] W. Hansen	Edna Hamilton	Dec. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 5 years old.

Form [illegible]

693-229-014-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-39
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leeta Grace Wilson
2. Date of Birth (month) Jan, (day) 29, (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Robert Bannon Wilson
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Ida Elisabeth Will
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leeta Bachman
11. Present Address of Registrant: 108½ North 14th St.

NOTARY (Seal)

Subscribed and sworn to before me on: January 9 1953
12. Signature of Notary: W. V. Turner
13. Notary Commission expires: February 15 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued:
Date Orig. Entry: 1900 Census
Date of Birth: Jan. 1900
Birth Place: 5 months old Idaho
Full Name of Mother: Ida E. Wilson
Name of Father: Robert Wilson
Class*: A

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Royal Neighbors of America
Date Issued: 12-21-23
Date Orig. Entry:
Date of Birth: Jan. 29, 1900
Birth Place: Emmett, Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother
By whom issued and signed: Ida E. Wilson
Date Issued: Dec. 5, 1952
Date Orig. Entry:
Date of Birth: Jan 29, 1900
Birth Place: Emmett, Idaho
Full Name of Mother: Ida E. Wilson
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: Jan. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 30 1975

JAN 15 1985

893-222-030-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 28 1953
DIVISION OF VITAL STATISTICS

State File No. De53-86
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Edwina Hicks	2. Date Of Birth (month) (day) (year): September 22 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Patterson
FATHER	6. Full Name of Father: Milton M. Hicks	7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Frankie M. Trampor	9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Edwina Hicks; Jessie E Garsons
		11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 3 1952	12. Signature of Notary: [signature]
		13. Notary Commission expires: February 27 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: William H. Shoup	Date issued: Jan. 19, 1953	Date Orig. Entry:
Class* B	Date of Birth: Sept 22, 1900; Birth Place: Patterson, Idaho	Full Name of Mother: Frankie M. Hicks	Name of Father: Milton M. Hicks	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Kate V. Martiny	Date issued: 1-16-53	Date Orig. Entry:
Class B	Date of Birth: Sept. 22, 1900; Birth Place: Patterson, Idaho	Full Name of Mother: Frankie M. Trampor	Name of Father: Milton M. Hicks	
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: County Superintendent Lemhi County	Date issued: Dec. 2, 1952	Date Orig. Entry:
Class B	Date of Birth: Sept. 22, 1900; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Jan. 28, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy

Form DPH 49067

JAN 29

813-208-[illegible] -813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-99
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel B Halman
2. Date of Birth (month) (day) (year): Sept. 8 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Kendrick Ida.
b. City or Town of Birth: Kendrick - Idaho.

FATHER

6. Full Name of Father: John G. Halman
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Bertha Halman
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Halman Harbert
11. Present Address of Registrant: 1122 S. Garfield Alhambra Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: January 13 1953
12. Signature of Notary: Geneva Dier
13. Notary Commission expires: December 6 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Copy of divorce of parents, District Court of Latah County, Idaho	Edgar C. Steele, Dist. Judge	May 4, 1910	
Class* B	Date of Birth / Birth Place: 9 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Application for insurance	New York Life	June 26, 1950	
Class B	Date of Birth / Birth Place: Sept. 8, 1900 Kendrick, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Child's birth certificate	State of Calif. Local Registrar #201		July 1, 1924
Class B	Date of Birth / Birth Place: Sept. 8, 1900, Idaho[illegible]	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	1-28-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

1

2. Name of Father

3. Date of Birth

4. Place of Birth (County)

5. Color or Race

6. Full Name of Mother

7. Maiden Name of Mother

8. Date of Birth

9. Place of Birth (County)

10. Color or Race

11. Usual Occupation

12. Industry or Business

13. Birthplace

14. Residence

15. Name of Informant

16. Mailing Address

17. Date Received by Registrar

18. Number

19. Signature of Registrar

20. Date Registered

21. Certificate Prepared by

22. Attended Child

23. Attended Mother

24. Signature of Physician or Midwife

25. Address

26. Date Signed

27. Name of Witness

28. Address

29. Signature of Witness

30. Date Signed

31. Name of Witness

32. Address

33. Signature of Witness

34. Date Signed

35. Name of Witness

36. Address

37. Signature of Witness

38. Date Signed

39. Name of Witness

40. Address

41. Signature of Witness

42. Date Signed

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199. Name of Witness

200. Address

201. Signature of Witness

202. Date Signed

203. Name of Witness

204. Address

205. Signature of Witness

206. Date Signed

207. Name of Witness

208. Address

209. Signature of Witness

210. Date Signed

211. Name of Witness

212. Address

213. Signature of Witness

214. Date Signed

215. Name of Witness

216. Address

217. Signature of Witness

218. Date Signed

219. Name of Witness

220. Address

221. Signature of Witness

222. Date Signed

223. Name of Witness

224. Address

225. Signature of Witness

226. Date Signed

227. Name of Witness

228. Address

229. Signature of Witness

230. Date Signed

231. Name of Witness

232. Address

233. Signature of Witness

234. Date Signed

235. Name of Witness

236. Address

237. Signature of Witness

238. Date Signed

239. Name of Witness

240. Address

241. Signature of Witness

242. Date Signed

243. Name of Witness

244. Address

245. Signature of Witness

246. Date Signed

247. Name of Witness

248. Address

249. Signature of Witness

250. Date Signed

251. Name of Witness

252. Address

253. Signature of Witness

254. Date Signed

255. Name of Witness

256. Address

257. Signature of Witness

258. Date Signed

259. Name of Witness

260. Address

261. Signature of Witness

262. Date Signed

263. Name of Witness

264. Address

265. Signature of Witness

266. Date Signed

267. Name of Witness

268. Address

269. Signature of Witness

270. Date Signed

271. Name of Witness

272. Address

273. Signature of Witness

274. Date Signed

275. Name of Witness

276. Address

277. Signature of Witness

278. Date Signed

279. Name of Witness

280. Address

281. Signature of Witness

282. Date Signed

283. Name of Witness

284. Address

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964-118-028-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-101
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SAMPSON RODIUS
2. Date of Birth (month) March (day) 18 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Nicholas Rodius
7. State or Country of Father's Birth: Luxembourg

MOTHER

8. Full Maiden Name of Mother: Nellie Benson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sampson (Sam) Rodius
11. Present Address of Registrant: Route # 1, Box 32 Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 19 1953
12. Signature of Notary: Maxine Whitney
13. Notary Commission expires: March 2 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	J. Jesperson, Lutheran Pastor	Oct. 10, 1904	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 18, 1900, Coeur d'Alene, Idaho	Nellie Rodius	Nicholas Rodius	
SUPPORTING RECORD 2.	Bible Record	Family Bible viewed by Maxine Whitney, Notary Public	Date Issued: 1-17-53	Date Orig. Entry: Mch. 18, 1900
Class A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mch. 18, 1900, Coeur d'Alene, Ida.	Nellie Benson	Nicholas Rodius	
SUPPORTING RECORD 3.	Life Insurance Policy	New York Life Insurance Co.	7-26-1919	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 18, 1900			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Green	Jan. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

JAN 30 1953

1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) March 18 1900
3. Color or Race: [illegible]	4. Sex: Male
5. Place of Birth: Idaho Rootes 1	6. City or Town of Birth: Coeur d'Alene
7. Full Name of Father: Nicholas Rodius	8. State or Country of Father's Birth: Luxembourg
9. Full Maiden Name of Mother: Nellie Benson	10. State or Country of Mother's Birth: Sweden

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: Route # 1, Box 32 Coeur d'Alene, Idaho
Sworn and sworn to before me on [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: March 2 1953

APPLICANT: DO NOT WRITE BELOW THIS LINE

Type of Document: Certificate of Baptism	1. Whom issued and signed: [illegible]	Date Issued: Oct. 10, 1944	Date Orig. Entry
Date of Birth / Birth Place: March 18, 1900, Coeur d'Alene, Idaho	Full Name of Mother: Nellie Rodius	Name of Father: Nicholas Rodius	
Type of Document: Public Record	2. Whom issued and signed: [illegible]	Date Issued: Feb. 13, 1950	Date Orig. Entry
Date of Birth / Birth Place: Mar. 18, 1900, Coeur d'Alene, Ida.	Full Name of Mother: Ida. Nellie Benson	Name of Father: Nicholas Rodius	
Type of Document: Life Insurance Policy	3. Whom issued and signed: New York Life Insurance Co.	Date Issued: 7-26-1919	Date Orig. Entry
Date of Birth / Birth Place: March 18, 1900	Full Name of Mother	Name of Father	

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

Amended Feb. 17, 1953

349-126-008-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-138
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ALFRED ROLAND TURNER

5. Date of Birth of Child (Month, day, year) Sept. 26, 1900

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Turner Ashby Turner
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace St. Bernard, La. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frankie Ann Cooper
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frankie Close (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Dr. Newell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. G. Close — Signature
R. 1 - Boise, Idaho — P. O. Address

Subscribed and sworn to before me this 22 day of Oct., 1941

(SEAL) G. J. Gardner, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 10, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 138
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alfred Roland Turner

5. Date of Birth (Month, day year) Sept 16-1900

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashby Turner
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace St Bernard La. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Ann Cooper
17. Color or Race White **18.** Age at time of THIS birth 26 yrs
19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Frankie Close (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 10, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C. G. Close, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Alfred Roland Turner (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Newell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs C. G. Close Signature
R-1-Boise Idaho, P. O. Address

Subscribed and sworn to before me on this 27 day of Oct. 19 47

(SEAL) P. Gardner Notary Public, residing at Boise

FEB 11 1953

FEB 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. De53-138

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	September 16, 1900	September 26, 1900
As Shown by Family Bible	which was viewed at this office	on February 17, 1953.

Subscribed and sworn to before me this 17th day of February, 1953

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. A. R. Turner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. De53-138

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Date of Birth," "Date of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	September 16, 1900	September 26, 1900
As Shown by Family Bible which was viewed at this office		on February 17, 1953.

Subscribed and sworn to before me this 17 day of ..... Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires ..... (Seal)

[signature]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... , 19 ..... Signed .....

(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires ..... (Seal)

(Street Address, City, State)

389-129-029-168

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Route 1
   (d) Name of Hospital or Maternity Home: Child born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. Route 1
   (e) How long has **MOTHER** lived in Idaho? Since 1888 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Harry Paul Christensen

5. Date of Birth of Child (Month, day, year) May 29, 1900

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julius Christensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Marebo, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Johnson
17. Color or Race White
18. Age at time of THIS birth ? yrs.
19. Birthplace Lolland, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 53 years, and that Mrs. Iverson (First name) _____ (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Martensen Signature

_____ P. O. Address

Subscribed and sworn to before me this 20th day of February, 1953.

(SEAL) Robert W. Peterson, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 23, 1953 by W. W. Benson, Registrar

Form DPH-51130

FEB 24 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

449-207-040 -75-3

Department of Public Health
Division of Vital Statistics,
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 197
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HELEN CLAIR MUIRHEAD
2. Date of Birth (month) (day) (year): September 7th 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Gem

FATHER

6. Full Name of Father: Robert S. Muirhead
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Lulu Belle Peterson
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Clair Blumka
11. Present Address of Registrant: Clarkston, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: May 12th 1952

12. Signature of Notary: [illegible] Helen Clair Blumka
13. My Commission expires: does not 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho #140759	3-29-1926	
Class* B	**Date of Birth** / **Birth Place**: 25 yrs old / Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Copy of divorce decree of parents	District Court County of Latah Bessie Babcock, Clerk		June 2, 1903
Class B	2yrs old / Idaho			
SUPPORTING RECORD 3.	School Record	Moscow Public Schools, Moscow, Idaho		June 24, 1913
Class B	12 yrs old			

QUALIFYING INFORMATION

Also, affidavit by mother Lulu Belle Peterson gives the date of birth as Sept. 7, 1900 in Gem, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Peterson	Feb. 26, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 Revised

STATE OF IDAHO)
) SS.
COUNTY OF LATAH)

Lulu Belle Sawyer, being first duly sworn, on oath deposes and says: That she is a resident of Moscow, Latah County, Idaho; that she has resided in Moscow, Idaho, since September 7, 1907, and is now of the age of 73 years. That she, this affiant, is the mother of Helen Clair Muirhead, born September 7th, 1900, at Gem, Shoshone County, Idaho; that the said Helen Clair Muirhead was born September 7th, 1900, at Gem, Shoshone County, Idaho; that affiant was then married to Robert S. Muirhead, the father of the said Helen Clair Muirhead; that the doctor and other attendants at the birth of the said Helen Clair Muirhead are now deceased or their present whereabouts are to this affiant unknown. That the said Helen Clair Muirhead was subsequently known as Helen Clair Sawyer, from sometime after affiant was married to Earl Sawyer in 1904; that the said Helen Clair Muirhead and the said Helen Clair Sawyer are one and the same person, to-wit, the daughter of this affiant.

Further affiant sayeth not.

Lulu Belle Sawyer

Subscribed and sworn to before me this 14 day of May, 1952.

Marjorie Moore

Notary Public in and for the State of Idaho, residing at Moscow, Idaho.
My commission expires Aug. 7-1954.

FEB 27 1953

216-221-032-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-361
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Nadine Arzella Sawyers		2. Date Of Birth (month) (day) (year): October 21 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls County; b. City or Town of Birth: Clear Lakes Idaho
FATHER	6. Full Name of Father: John Dillard Sawyers		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Victorine Harriet Smick		9. State or Country of Mother's Birth: Olathe Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nadine Arzella Telford	11. Present Address of Registrant: Box 402 Twin Falls
NOTARY (Seal)	Subscribed and sworn to before me on: April 6. 1953	12. Signature of Notary: Lucile Wolfe	13. Notary Commission expires: May 1, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Insurance Co.	Date Issued: 1930	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Oct. 21, 1900, Clear Lakes, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Victoria Sawyers	Date Issued: May 16, 1952	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Oct. 21, 1900, Clear Lakes, Idaho	Full Name of Mother:	Name of Father: John Dillard Sawyers	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #92779	Date Issued:	Date Orig. Entry: 6-15-21
Class B	Date of Birth / Birth Place: 20 yrs old Clear Lakes, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeborn	April 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 9 1968

CERTIFIED COPY OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF VITAL STATISTICS

STATE FILE NO.

LOCAL REG. NO.

REG. DIST. NO.

1. PLACE OF DEATH (a) Name of hospital or other institution (If not in hospital or institution, give street address or location)

(b) Length of stay in this place (Years) (Months) (Days) (Hours)

2. USUAL RESIDENCE (a) State

(b) County

(c) City or town (If outside city limits, write RURAL)

(d) Street address (If rural, give location)

(e) Inside city limits? (Yes or No)

3. NAME OF DECEASED (a) First (b) Middle (c) Last

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify which)

8. DATE OF BIRTH (Month) (Day) (Year)

9. AGE (Last birthday) (Years)

10. BIRTHPLACE (State or foreign country)

11. CITIZEN OF WHAT COUNTRY

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. KIND OF BUSINESS OR INDUSTRY

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

15. SOCIAL SECURITY NO.

16. INFORMANT (Name, relationship, and mailing address)

17. (a) DATE OF OPERATION (Month) (Day) (Year)

(b) MAJOR FINDINGS OF OPERATION

18. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

(a) IMMEDIATE CAUSE

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

(d) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

19. WAS AUTOPSY PERFORMED? (Yes or No)

20. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)

21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify which)

22. DATE OF INJURY (Month) (Day) (Year)

23. HOW INJURY occurred

24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

25. LOCATION (Street address or R.F.D. number, city or town, and county)

26. I HEREBY CERTIFY, That I attended the deceased from _____, 19__ to _____, 19__; that I last saw the deceased alive on _____, 19__; that death occurred on the date stated above, at _____ M.; and that the cause of death was as stated above.

(Signature and degree or title)

(Address)

(Date signed)

27. REGISTRAR (Signature)

(Date filed)

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence was used, which substantiates the facts as set forth in the above record.

(Local registrar)

(Date issued)

CERTIFIED COPY OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF VITAL STATISTICS

STATE FILE NO.

LOCAL REG. NO.

REG. DIST. NO.

1. PLACE OF DEATH (a) Name of hospital or other institution (If not in hospital or institution, give street address or location)

(b) Length of stay in this place (Years) (Months) (Days) (Hours)

2. USUAL RESIDENCE (a) State

(b) County

(c) City or town (If outside city limits, write RURAL)

(d) Street address (If rural, give location)

(e) Inside city limits? (Yes or No)

3. NAME OF DECEASED (a) First (b) Middle (c) Last

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify which)

8. DATE OF BIRTH (Month) (Day) (Year)

9. AGE (Last birthday) (Years)

10. BIRTHPLACE (State or foreign country)

11. CITIZEN OF WHAT COUNTRY

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. KIND OF BUSINESS OR INDUSTRY

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

15. SOCIAL SECURITY NO.

16. INFORMANT (Name, relationship, and mailing address)

17. (a) DATE OF OPERATION (Month) (Day) (Year)

(b) MAJOR FINDINGS OF OPERATION

18. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

(a) IMMEDIATE CAUSE

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

(d) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

19. WAS AUTOPSY PERFORMED? (Yes or No)

20. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)

21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify which)

22. DATE OF INJURY (Month) (Day) (Year)

23. HOW INJURY occurred

24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

25. LOCATION (Street address or R.F.D. number, city or town, and county)

26. I HEREBY CERTIFY, That I attended the deceased from _____, 19__ to _____, 19__; that I last saw the deceased alive on _____, 19__; that death occurred on the date stated above, at _____ M.; and that the cause of death was as stated above.

(Signature and degree or title)

(Address)

(Date signed)

27. REGISTRAR (Signature)

(Date filed)

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence was used, which substantiates the facts as set forth in the above record.

(Local registrar)

(Date issued)

463-108-040-69

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 368
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAYMOND EUGENE DOTY			2. Date of Birth (month): July (day): 8 (year): 1900	
	3. Color or Race: A/S	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: William Dennison Doty			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Mary Evelyn Orr			9. State or Country of Mother's Birth: Maine	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Raymond Eugene Doty	11. Present Address of Registrant: 1222 Locust St., Medford, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1953		12. Signature of Notary: Mary Jane Rogers Notary Public for Oregon	13. Notary Commission expires: February 7, 1956	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by the doctor who attended birth		By whom issued and signed: Dr. T. R. Mason, Kellogg, Ida.	Date Issued: June 18, 1918	Date Orig. Entry
Class* A	Date of Birth: July 8, 1900	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister		By whom issued and signed: Essie M. Doty Emmingham	Date Issued: 4-7-53	Date Orig. Entry
Class B	Date of Birth: July 8, 1900	Birth Place: Kellogg, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle		By whom issued and signed: James D. Orr	Date Issued: April 1953	Date Orig. Entry
Class B	Date of Birth: July 8, 1900	Birth Place: Kellogg, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: April 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

527-205-029-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Parents near Potlatch Idaho
(e) Mothers stay BEFORE delivery: In THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch Idaho
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD Violet May Espy

5. Date of Birth of Child (Month, day, year) May 5 1900

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Walter Espy
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Oroville Calif. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Clara Gifford
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Santa Rosa Calyanna (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Lillie M. Kerns, ~~M.D.~~ Midwife Address Garfield, Wash. Date March 4, 1952.

State of [illegible]
County of [illegible] ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this [illegible] day of March 1953

(SEAL) [illegible], Notary Public, residing at Garfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 1, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-109-028-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-462
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE THEADORE FISHER		2. Date of Birth (month) (day) (year): SEPT. 9 1900
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: LATAH Co. Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: John Fisher		7. State or Country of Father's Birth: Yagoda, Russia
MOTHER	8. Full Maiden Name of Mother: Marie Katherine Stong		9. State or Country of Mother's Birth: Yagoda, Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Fisher	11. Present Address of Registrant: 1009 So. 21st Ave Yakima Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 1st 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires: August 10 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt	Maria Fischer	April 1, 1953	
Class* B	Date of Birth: Sept. 9, 1900 — Birth Place: Latah County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Affidavit by Uncle	Peter Fischer	April 1, 1953	
Class B	Date of Birth: Sept. 9, 1900 — Birth Place: Latah County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Affidavit	Claude E. Hayfield	Apr. 28, 1953	
Class B	Date of Birth: Sept. 9, 1900 — Birth Place: Latah County	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	May 7, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 7 1953

1. NAME OF CHILD: LATTA, [illegible]

2. SEX: [illegible]

3. DATE OF BIRTH: [illegible]

4. PLACE OF BIRTH: [illegible]

5. NAME OF FATHER: [illegible]

6. BIRTHPLACE OF FATHER: [illegible]

7. MAIDEN NAME OF MOTHER: [illegible]

8. BIRTHPLACE OF MOTHER: [illegible]

AFFIDAVIT

9. I hereby declare under oath that the statements made in items 1 to 8 are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Mother	Maria Tiscner	April 1, 1953	

Name of Father

Class B Sept. 9, 1950 Vacuum Cemetery

Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit			

Name of Father

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit			

Name of Father

Class

Date of Birth Birth Place

Full Name of Mother

318-226-006-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-519
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ella Taylor
2. Date Of Birth (month) (day) (year): March 26 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bingham County; b. City or Town of Birth: Blackfoot Idaho

FATHER

6. Full Name of Father: Nathan T. Taylor
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Sarah Mildred Rose
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ella Taylor Austin
11. Present Address of Registrant: Blackfoot Idaho 415 E. Bridge St.

NOTARY (Seal)

Subscribed and sworn to before me on: April 2nd 1953
12. Signature of Notary: Leon K Chapman
13. Notary Commission expires: april 6th 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	J. B. Hall	Mch. 18, 1952	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 26, 1900, Blackfoot, Idaho			
SUPPORTING RECORD 2.	Affidavit by	Lilly Cordelia Porter	Mch 13, 1952	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mch. 26, 1900, Blackfoot, Idaho	Sarah Mildred Rose	Nathan Taylor	
SUPPORTING RECORD 3.	Affidavit by	Ivy Anderson Sjostrom	May 18, 1953	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mch 26, 1900, Blackfoot, Idaho	Sarah Mildred Rose	Nathan Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielden	May 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 26 1960

294-126-001-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 11 1952
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 583
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gerald Edwin Simpson			2. Date of Birth (month) June, (day) 26 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: George Edward Simpson			7. State or Country of Father's Birth: Iowa U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lucy May Stevens			9. State or Country of Mother's Birth: Indiana U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald Edwin Simpson		11. Present Address of Registrant: Mohler, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June, 10, 1952	12. Signature of Notary: [illegible]		13. Notary Commission expires: May, 24, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Lucy May Simpson	6/10/52	
Class* B	Date of Birth: June 26, 1900 / Birth Place: Boise, Idaho	Full Name of Mother: Lucy May Stevens	Name of Father: George Edward Simpson	
SUPPORTING RECORD 2.	Census Record of 1920	Bureau of the Census	5/26/53	Census of Jan. 1, 1920
Class B	Date of Birth: 19 yrs old / Birth Place: Idaho	Full Name of Mother: Lucy Simpson	Name of Father: George E. Simpson	
SUPPORTING RECORD 3.	Application for Insurance	The Supreme Lodge Knights of Pythias	July 31, 1926	
Class B	Date of Birth: June 26, 1900 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION: See affidavit of mother attached hereto.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 30 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1955 [illegible]

Local Reg. No.

Reg. Dist. No.

Registrar's Full Name of Birth

Gerald [illegible] Simpson

JUN 4 1953

Date of Birth (month) (day) (year)

June, 26 1900

Color or Race: white | Sex: male | Place of Birth: Boise, Idaho | Ada

Date of Birth: Boise, Idaho

Full Name of Father: George Edward Simpson

State or Country of Father's Birth: Iowa U.S.A.

Full Maiden Name of Mother: Lucy May Stevens

State or Country of Mother's Birth: Indiana U.S.A.

Affidavit: [illegible] are upon oath that the [illegible] are true to the [illegible] and belief.

Signature of Registrant: [illegible]

Present Address of Registrant: Mohler, Idaho

Notary Public: [illegible] and sworn to before me on June, 10, 19 52

Signature of Notary: [illegible]

Notary Commission expires: May, 24, 1955

APPLICANT: DO NOT WRITE BELOW THIS LINE

Supporting Record 1: Type of Document: Affidavit [illegible] | By whom issued and signed: Lucy May Simpson | Date Issued: 6/10/52 | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Supporting Record 2: Type of Document: Census Record of 1920 | By whom issued and signed: [illegible] | Date Issued: 5/26/53 | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class B: 19 yrs old | Idaho | Lucy Simpson | George E. Simpson

Supporting Record 3: Type of Document: Application for Insurance | By whom issued and signed: The Supreme Lodge Knights of Pythias | Date Issued: July 21, 1925 | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class B: [illegible], 1900 Boise, Idaho

Qualifying Information: See affidavit of mother attached hereto.

Registrar's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] above.

Signature of Registrar: [illegible] Dansen | Evidence reviewed by: [illegible] | Date Filed: June 8, 1953

Class A Records are those made and dated before the Registrar's [illegible]

Class B Records are those made after the [illegible]

437-208-014-752

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 593
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLA CATHERINE MC GUIRE			2. Date of Birth (month) September (day) 8 (year) 1900
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Canyon County	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Robert Henry McGuire			7. State or Country of Father's Birth: Natawick, New Brunswick, Canada
MOTHER	8. Full Maiden Name of Mother: Lora Ann Gess			9. State or Country of Mother's Birth: Trenton, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willa Catherine McGuire		11. Present Address of Registrant: 308 E Ave C, Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1953	12. Signature of Notary: C. E. Thorpe.		13. Notary Commission expires: Sept 18 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A.	Type of Document: Family Bible Record	By whom issued and signed: Robert H. McGuire	Date Issued: Sept of 1900	Date Orig. Entry: Sept of 1900
	Date of Birth: Sept 8, 1900	Birth Place: Caldwell, Ida Canyon County	Full Name of Mother: Lora Ann Gess	Name of Father: Robert Henry McGuire
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Boise Senior High School, by George H. Fields, Principal	Date Issued: 6/3/53	Date Orig. Entry: Enrolled on Sept. 7, 1916
	Date of Birth: Sept. 8, 1900	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: June 10 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's Full Name of Birth: WILLA GATHERINE [illegible]
2. Date of Birth: September 3, 1900
3. Sex: [illegible] 4. Place of Birth: [illegible] County
Cardwell, Idaho
5. Full Name of Father: [illegible]
6. State or Country of Father's Birth: [illegible]
7. Full Maiden Name of Mother: [illegible]
8. State or Country of Mother's Birth: Trenton, Missouri

AFFIDAVIT — I hereby declare upon oath that the statements are true to the [illegible] my knowledge and belief.
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

PRIMARY — [illegible] and sworn to before me on [illegible] 19[illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1 — Type of Document: Family Bible Record
By whom issued and signed: Robert H. McGuire
Date Issued: Sept. [illegible] 1900 Sept. [illegible] 1900
Date of Birth: [illegible] Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2 — Type of Document: School Record
By whom issued and signed: Raise [illegible] Hill School, by [illegible] H. Fields, Principal
Date Issued: 6/3/55
Date Orig. Entry: Sept. 7, 1910
Date of Birth: Sept. 6, 1900 Birth Place: Idaho
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3 — Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date of Birth: [illegible] Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION

REGISTRAR — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar: W. [illegible]
Evidence reviewed by: Eva [illegible]
Date Filed: June 16 1955

Class 1 Records are those made and dated before the Registrant's [illegible] birthday.
Class 2 Records are those made after the [illegible] birthday but [illegible] 5 yrs. [illegible]

962-114-031-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-655
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Wesley Roberts	2. Date Of Birth (month) April (day) 14th (year) 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County:	6. City or Town of Birth: ~~Nez Perce~~ ~~Adams County~~ Odaho
FATHER	6. Full Name of Father: Alex Roberts	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Bertha Craig	9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Wesley Roberts; 11. Present Address of Registrant: Whitebird Odaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 2nd 1951	12. Signature of Notary: [signature]; 13. Notary Commission expires: May 20th 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Bible viewed by A. G. Sathre Cottonwood, Idaho	Date issued: 1-2-51	Date Orig. Entry: Apr. 14, 1900
	Date of Birth: Apr. 14, 1900, Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance	By whom issued and signed: Mutual Benefit Health & Accident Assoc	Date issued: Feb. 14, 1945	Date Orig. Entry:
	Date of Birth: Apr. 14, 1900, Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 29, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrar's Full Name at Birth: [illegible]

JUN 29 1953

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth	6. Country of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Application for Insurance	By whom issued and signed: Mutual Benefit Health & Accident Assoc.	Date Issued: Feb. 14, 1945	Date Orig. Entry
	Date of Birth: Apr. 14, 1900	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	

QUALIFICATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	[illegible]	June 29, 1953

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 7 years old.

789-11-0025-286

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-671
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Edwin Phillips
2. Date Of Birth (month) (day) (year): May 12th. 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Grangeville Idaho
b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: Leroy Lincoln Phillips
7. State or Country of Father's Birth: State of Minnesota

MOTHER

8. Full Maiden Name of Mother: Olive Rachel Shorter
9. State or Country of Mother's Birth: State of Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Edwin Phillips
11. Present Address of Registrant: 2850 110th. S.E. Bellevue Washington

NOTARY (Seal)

Subscribed and sworn to before me on: April 14th 1953
12. Signature of Notary: G.O. Beardsmore
13. Notary Commission expires: Jan. 16th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	St. Luke's Hospital, Seattle Wn.		Oct. 25, 1937
Class* B	Date of Birth / Birth Place: May 12, 1900, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by sister	Emma H. Poupart	May 13, 1953	
Class B	May 12, 1900, Grangeville, Idaho	Olive Rachel Phillips	Lincoln L. Phillips	
SUPPORTING RECORD 3.	Affidavit by brother	William H. Phillips	May 13, 1953	
Class B	May 12, 1900, Grangeville, Idaho	Olive Rachel Phillips	Lincoln L. Phillips	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Bleeden	July 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 7 1953

REGISTRAR	1. Registrar's Full Name of Birth	2. Date of Birth	Amount / Issue / Type
(Person whose birth is being registered)	Joan [illegible] Phillips		May 14th, 1940
	3. Color or Race	4. Sex	5. Place of Birth
	White	Male	Grangeville Idaho
			Grangeville
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
	Percy Lincoln Phillips	State of Minnesota	
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	Olive Rachel Thompson	State of Utah	
	10. Person declared upon date that the foregoing statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
			1000 110th. S.E.
			Bellevue Washington
	Sworn and sworn to before me on	13. Signature of Notary	14. Notary Commission expires
	[illegible] 19[illegible]	[illegible]	[illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Child's birth certificate	St. Luke's Hospital, Seattle Wn.		Oct. 25, 1937
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by sister	Emma H. Poupart	May 13, 1958	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	May 12, 1930, Grangeville, Idaho	Olive Rachel Phillips	Lincoln L. Phillips	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by brother	William [illegible]	May 13, 1958	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	May 12, 1930, Grangeville, Idaho	Olive Rachel Phillips	Lincoln L. Phillips	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I, as certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. [illegible] Hanson	[illegible]	July 6, 1953

*Class A Records are those made [illegible] the Registrar [illegible]
[illegible] Records are those made [illegible] Fourth [illegible]

766-110-014-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-751
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: POWERS, PAUL DEWEY			2. Date Of Birth: (month) June (day) 10 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma	
FATHER	6. Full Name of Father: Francis Asbury Powers			7. State or Country of Father's Birth: Yoncalla, Oregon	
MOTHER	8. Full Maiden Name of Mother: Mary Cordelia Hickman			9. State or Country of Mother's Birth: Ozark Co., Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Dewey Powers		11. Present Address of Registrant: Route # 1 Port Orchard, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 – 1953	12. Signature of Notary: W. W. Benson		13. Notary Commission expires: 9-21- 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record of family births	By whom issued and signed:	Date Issued:	Date Orig. Entry: June 10, 1900
	Date of Birth: June 10, 1900	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Cordelia Hickman Powers	Date Issued: July 11, 1953	Date Orig. Entry:
	Date of Birth: June 10, 1900	Birth Place: Parma, Idaho	Full Name of Mother: Mary Cordelia Hickman Powers	Name of Father: Francis Asbury Powers
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

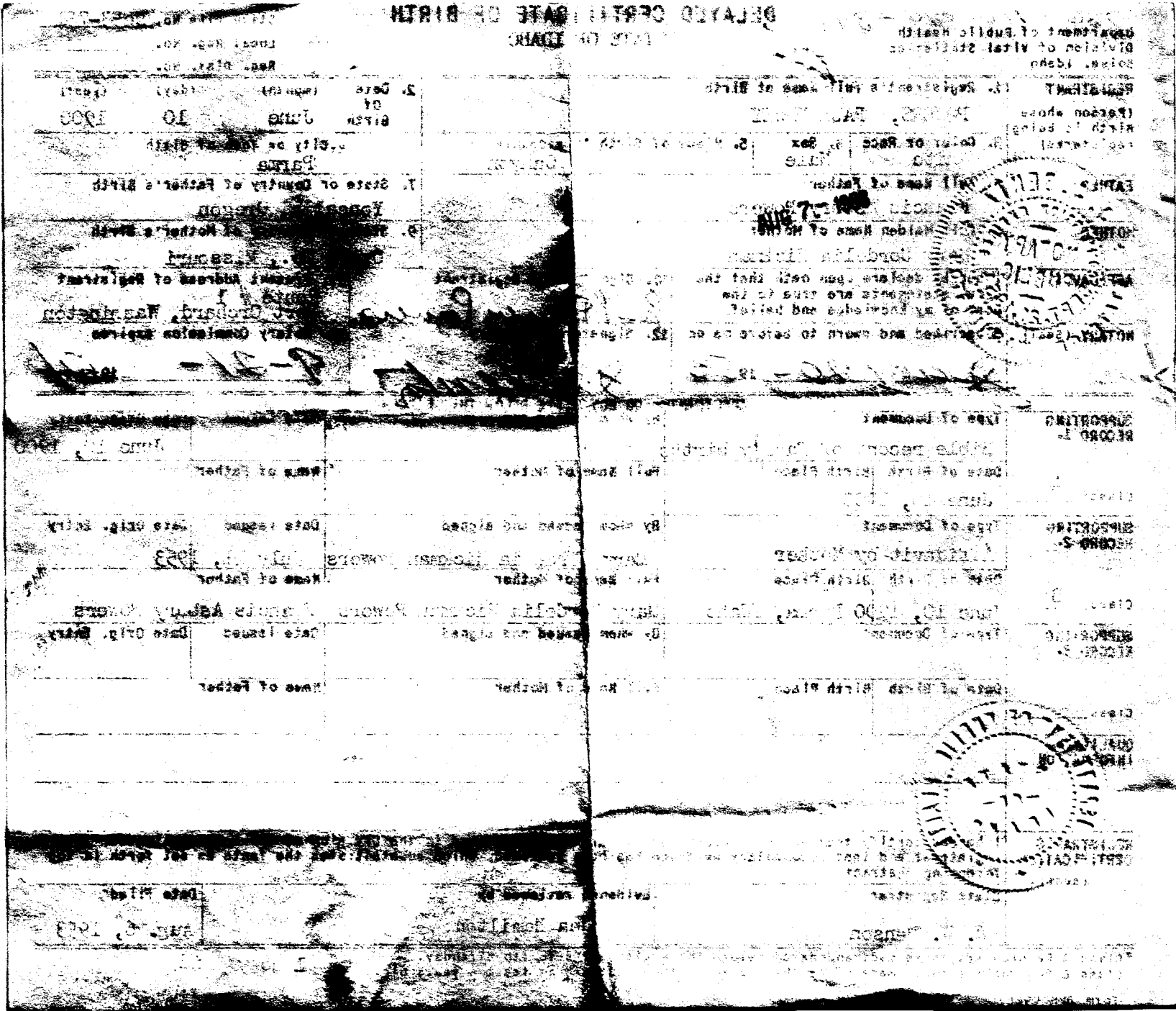
I hereby certify that no prior birth certificate ~~has been~~ found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Aug. 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy mailed

Form DPH 49067



296-201-019-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-804
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILLIE ALICE BROWN		2. Date Of Birth: (month) June (day) 1 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Custer	b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: Milton A. Brown		7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Daisy G. Haloran		9. State or Country of Mother's Birth: New Orleans, La.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millie A. Brown Frost	11. Present Address of Registrant: 2418 State Street Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 20 1953	12. Signature of Notary: Mabel Hedger	13. Notary Commission expires: May 7, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Application for Life Insurance	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: June 21, 1935
	Date of Birth: June 1, 1900	Birth Place: Challis, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Marriage License	By whom issued and signed: E. J. Michael, Recorder Custer County, Challis, Idaho	Date Issued:	Date Orig. Entry: May 13, 1919
	Date of Birth: 18 yrs. old.	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Birth Certificate # 260608 of a daughter	By whom issued and signed: Bureau of Vital Statistics	Date Issued: Filed on Apr. 24, 1936	Date Orig. Entry: Child born on April 20, 1936
	Date of Birth: 26 yrs old	Birth Place: Challis, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 1967

JUN 26 1963

693-130-004-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-816
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellis Odell Williamson
2. Date Of Birth (month) March (day) 30 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: ~~St. Charles~~ Bear Lake
b. City or Town of Birth: St. Charles, Idaho

FATHER

6. Full Name of Father: Ellis Arthur Williamson
7. State or Country of Father's Birth: St. Charles, Idaho

MOTHER

8. Full Maiden Name of Mother: Edith Adelia ~~Young~~ Young
9. State or Country of Mother's Birth: St. Charles, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellis Odell Williamson
11. Present Address of Registrant: St. Charles, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on August 14, 1953

12. Signature of Notary: Fred L. Price.
13. Notary Commission expires: Oct. 1, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	Baptized	June 28, 1908
Class* B	Date of Birth / Birth Place: Mch 30, 1900, St. Charles, Idaho	Full Name of Mother: Edith Young	Name of Father: Ellis Williamson	
SUPPORTING RECORD 2.	Certificate of Ordination	L. D. S. Church	Confirmed	June 28, 1908
Class B	Date of Birth / Birth Place: Mch 30, 1900, St. Charles, Idaho	Full Name of Mother: Edith Young	Name of Father: Ellis Williamson	
SUPPORTING RECORD 3.	Certificate of Ordination	L. D. S. Church	Date Issued: Sept. 27, 1920	Date Orig. Entry
Class B	Date of Birth / Birth Place: Mch. 30, 1900, St. Charles, Idaho	Full Name of Mother: Edith Young	Name of Father: Ellis Williamson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Peden	Aug. 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Welfare
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. _____
Reg. Dist. No. _____

1. Name of child: Full name at birth

2. Date of birth: (month) (day) (year)

3. City or Town of Birth

4. County of Birth

5. Sex

6. Full name of father

7. State or Country of father's birth

8. Full maiden name of mother

9. State or Country of mother's birth

10. Present address of applicant

11. Relationship of applicant to person named

12. Address at time of birth

13. Attorney Commission expires

AFFIDAVIT

State of Idaho, County of _____, ss.

_____ being duly sworn on oath, that [illegible] above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____

_____

Notary Public

My commission expires _____

Certificate of Ordination

Date of Birth Birth Place

Type of Document

By whom issued and signed

Date Issued Date Orig. Entry

Name of Father

Maiden Name of Mother

214-226-040-593

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-874
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Kathryn Bauman		2. Date of Birth (month) (day) (year): June 26 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kingston Shoshone; b. City or Town of Birth: Kingston
FATHER	6. Full Name of Father: Phillip Jacob Bauman		7. State or Country of Father's Birth: Rhodes Germany
MOTHER	8. Full Maiden Name of Mother: Bertha Nickel		9. State or Country of Mother's Birth: Neilson Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Kathryn Bauman	11. Present Address of Registrant: 1004 W. Helena
NOTARY (Seal)	Subscribed and sworn to before me on: 9-1 1953	12. Signature of Notary: Carl E. Anderson	13. Notary Commission expires: 10-10 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: 1911
Class* B	Date of Birth: June 26, 1900	Birth Place:	Full Name of Mother: Phillip Bauman	Name of Father: Bertha Nickel
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Pauline E. Bauman Shiplett	Date Issued: Apr. 24, 1946	Date Orig. Entry:
Class B	Date of Birth: June 26, 1900	Birth Place: Kingston, Idaho	Full Name of Mother: Bertha Nickel	Name of Father: Phillip Jacob Bauman
SUPPORTING RECORD 3.	Type of Document: Policy No. 20 034 856 Application for Insurance	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Application Jan. 29, 1947	Date Orig. Entry: Policy dated Mar. 1, 1947
Class B	Date of Birth: June 26, 1900	Birth Place: Kingston, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Kingston Idaho

4. FULL NAME OF CHILD Helen Kathryn Bauman

5. Date of Birth of Child (Month, day, year) 6-26-1900

6 Sex Female

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Phillip Jacob Bauman
11. Color or Race German
12. Age at time of THIS birth 50 yrs.
13. Birthplace Rhodes (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Nickel
17. Color or Race German
18. Age at time of THIS birth 44 yrs.
19. Birthplace Heilbron (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45+ years, and that I, Mrs. Mary Guay (First name) (Last name), who attended this birth x (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pauline E Bauman Shiplett Signature
Kingston Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 1946.
(SEAL) [signature], Notary Public, residing at Kingston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-106-035-399

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-885
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer McCoy		2. Date Of Birth (month) November (day) 6 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho (Southwick) a. County: Nesperce	b. City or Town of Birth: Southwick
FATHER	6. Full Name of Father: Austin Wray McCoy		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Nancy Lovina Triplett		9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer McCoy	11. Present Address of Registrant: Star Rte #1.Box 52 Shelton, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: September 15 1953	12. Signature of Notary: Herbert G. Angle	13. Notary Commission expires: February 17 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Census Record	Department of Commerce Bureau of the Census	census of	1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	19 yrs old Idaho	Lovina McCoy	Austin McCoy	
SUPPORTING RECORD 2. Class A	Bible Record	Herbert G. Angle Notary Public viewed the Bible		Nov. 6, 1900
	Nov. 6, 1900			
SUPPORTING RECORD 3. Class B	Insurance Policy	Policy viewed by Herbert G. Angle, Notary Public	Oct. 7, 19[illegible]	
	Nov. 6, 1900, Southwick, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Sept. 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date Issued: Sept. 18, 1953
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer McCoy	2. Date of Birth: November 6 1900	
	3. Sex: White	4. Place of Birth: Mule (Southwick)	5. County: Nesperce
	6. Full Name of Father: Austin Wray McCoy	7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Nancy Levina Triplett	9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Star Rte #1, Box 52, Shelton, Washington	
	12. Signature of Notary: [signature]	13. Notary Commission Expires: February 17 19 56	
	September 15 19 53		

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued: Census of 1920
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: Levina McCoy	Name of Father: Austin McCoy
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Herbert G. Angle Notary Public viewed the Bible	Date Issued: Nov. 6, 1900
	Date of Birth / Birth Place: Nov. 6, 1900	Full Name of Mother	Name of Father
Class A			
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Policy viewed by Herbert G. Angle, Notary Public	Date Issued: Oct. 7, 1944
	Date of Birth / Birth Place: Nov. 6, 1900, Southwick, Idaho	Full Name of Mother	Name of Father
Class B			
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature	Evidence reviewed by	Date Filed
W. W. Henson	[signature]	Sept. 18, 1953

Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form Dra 1964

613-119-014-666

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Canyon (b) City Nampa
   (c) Street address or R. F. D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery: 3 Mo
   In Hospital or Maternity Home ___ years ___ months ~~Days~~ ~~days~~
   In THIS County

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City Nampa
   (d) Street address or R. F. D. No. —
   (e) How long has MOTHER lived in Idaho? 3 Mos.
   (f) Mother's mailing address (for registration notice):
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa

4. FULL NAME OF CHILD Lewis L. Waltman

5. DATE OF BIRTH (Month, day, year) Jan 19 1900

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Howard C. Waltman

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Marion Co Arkansas
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma I. R. Woods

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Marion Co. Arkansas
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Was a standard serological test for syphilis performed? Yes ___ No X Approximate date —

23. Name prophylactic used to prevent Ophthalmia Neonatorum Sal Ag. Nit

24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Howard C (First name) Waltman (Last name), who is related to this child as Father (Mother, etc.).

27. (a) Sept. 30, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ___ by ___ (Registrar's signature)

26. Attendant's OWN signature J. H. Murray, M. D. (D.O., Midwife, etc.)
and address Nampa Ida Date Sept 28 1953

LOCAL REGISTRATION OF BIRTHS

SEP 30 1953

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe: —

(e) Signature of Physician:

J. H. Murray M.D.

DELAYED

294-101-003-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-949
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goodwin Winder Kimball, Sr.			2. Date Of Birth (month) (day) (year): Nov. 1, 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Newell Whitney Kimball, Jr.			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Lottie Goodwin			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goodwin W Kimball Sr.		11. Present Address of Registrant: 911 - 1. 31 St Bonn 2d
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 9, 1953 19	12. Signature of Notary: Mary F. Nelson		13. Notary Commission expires: May 7, 1957 19

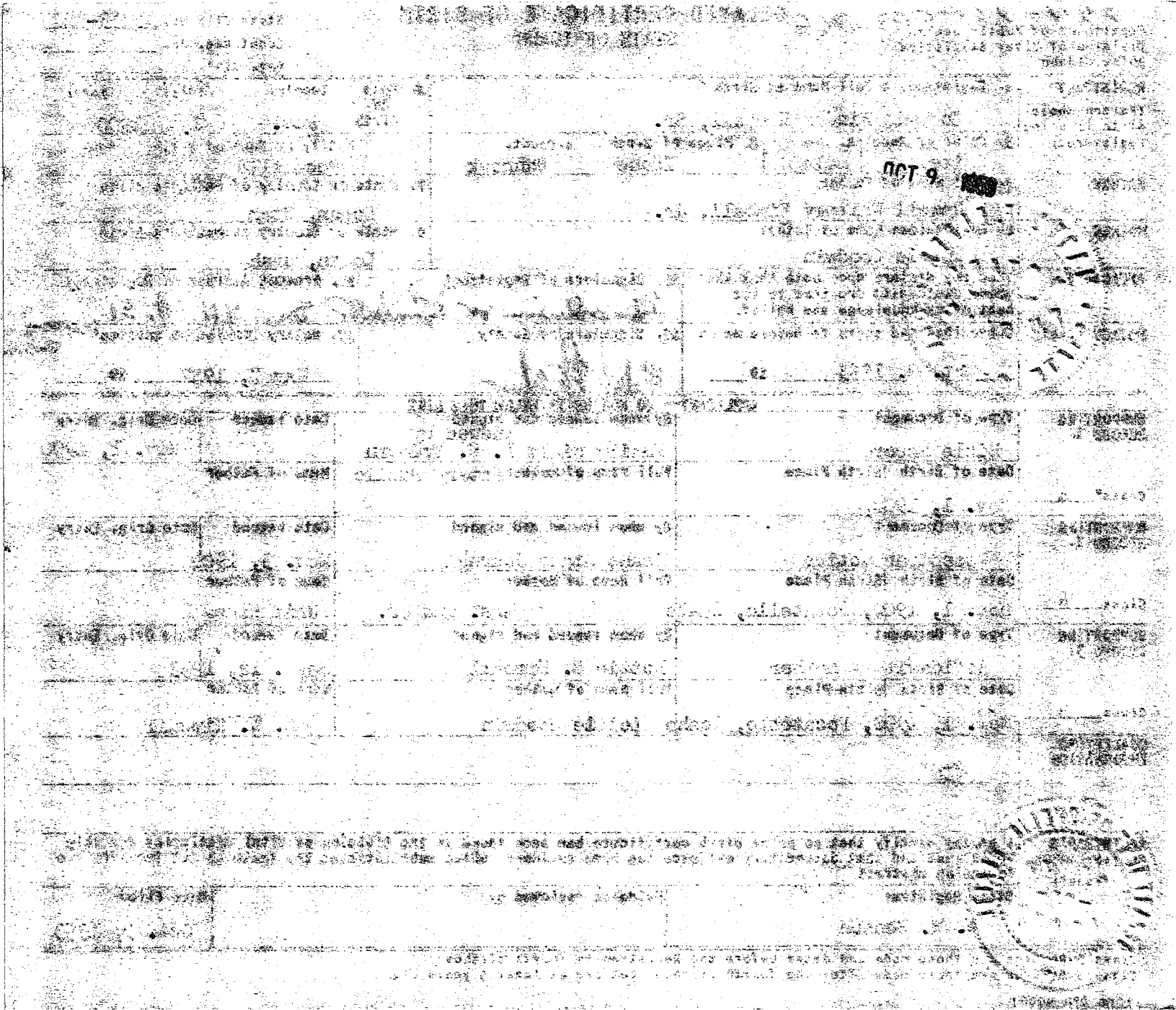
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: viewed by Family Bible F. E. Tydeman Notary Public	Date Issued:	Date Orig. Entry: Nov. 1, 1900
	Date of Birth: Nov. 1, 1900,	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class A	Type of Document: Newspaper notice	By whom issued and signed: Idaho State Journal	Date Issued: Nov. 3, 1900	Date Orig. Entry:
	Date of Birth: Nov. 1, 1900,	Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs. and Mr.	Name of Father: Whit Kimball
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Lottie G. Kimball	Date Issued: Sept. 12, 1953	Date Orig. Entry:
	Date of Birth: Nov. 1, 1900,	Birth Place: Pocatello, Idaho	Full Name of Mother: Lottie Goodwin	Name of Father: N. W. Kimball
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: Oct. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



365-102-040-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-965
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Norman Hills Conover			2. Date of Birth (month) Dec. (day) 2 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wallace Shoshone	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Charles Hiram Conover			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Mabel Louise Larson			9. State or Country of Mother's Birth: Wisconsin, Pierce County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Norman Hills Conover		11. Present Address of Registrant: 7027 Dayton Ave Seattle	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 26th 1953	12. Signature of Notary: E. R. Hyldahl		13. Notary Commission expires: May 14 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge from National	By whom issued and signed: Harry G. Winson, Col. 146th	Date Issued: Term expired	Date Orig. Entry: 7-13-1924
Class* B	Date of Birth: 20 yrs old / Birth Place: Gaurd of Wallace, Ida	Full Name of Mother: F. A. U. S.	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Discharge	By whom issued and signed: United States Naval Reserve J. G. Church, Chief of Staff	Date Issued: 12/1/30	Date Orig. Entry: Enlisted on Dec. 2, 1926
Class B	Date of Birth: Dec. 2, 1900 / Birth Place: Wallace, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Enrollment record	By whom issued and signed: University of Washington Ethelyn Toner, Registrar	Date Issued: Letter dated Oct. 5, 1953	Date Orig. Entry: Enrolled on Sept., 1921
Class B	Date of Birth: Dec. 2, 1900 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's File Number

Local Reg. No.

Division of Vital Statistics

Boise, Idaho

Soc. Sec. No.

REGISTRANT

1. Registrant's Full Name at Birth

Date of Birth: Month, Day, Year

Place of Birth: City or Town of Birth

Idaho

Color or Race

Sex

Place of Birth: County

Date of Birth

Full Maiden Name of Mother

State or Country of Father's Birth

State or Country of Mother's Birth

OCT 16 1953

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

Signature of Registrant

Signature of Witness

Signature of Notary

Residence of Registrant

Notary Commission expires

Subscribed and sworn to before me

Date

Month

Year

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document

Date Issued

Date Orig. Entry

Name of Applicant

By whom issued and signed

Full Name of Mother

Date of Birth

Birth Place

Name of Father

SUPPORTING RECORD 2

Type of Document

Date Issued

Date Orig. Entry

Certificate of Discharge

12/1/50

Dec. 2, 1926

By whom issued and signed

Full Name of Mother

Date of Birth

Birth Place

Name of Father

Dec. 2, 1900

Wallace, Ida

SUPPORTING RECORD 3

Type of Document

Date Issued

Date Orig. Entry

Enrollment record

Dec. 2, 1900

Enrolled on

Oct. 1931

By whom issued and signed

Full Name of Mother

Date of Birth

Birth Place

Name of Father

Dec. 2, 1900

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no other birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed

Oct. 15, 1953

Signature of Registrar

Signature reviewed by

Those made and dated before the Registration Month Birthday.

Dates and Data are those made after the Month Birthday.

363-206-028-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1002
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsena Estell Naomi Colegate		2. Date of Birth (month) (day) (year): Feb. 6 1900	
	3. Color or Race: wht	4. Sex: female	5. Place of Birth a. County: Kootenai Co.	b. City or Town of Birth: Post Falls Idaho.
FATHER	6. Full Name of Father: Charles Colegate		7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Grace Mabel Delameter		9. State or Country of Mother's Birth: New York	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsena Colegate Sage	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 21 1953	12. Signature of Notary: A Reeves	13. Notary Commission expires: Apr 10 1957	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Letter re Application for Insurance	By whom issued and signed: Great Western Mutual Association, Inc. by J. C. Mackey, Sec-Treas.	Date Issued: 10/21/53	Date Orig. Entry: Application on June 12, 1942
Class* B	Date of Birth: Feb. 6, 1900	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: A. J. Delameter	Date Issued: 10/26/53	Date Orig. Entry:
Class B	Date of Birth: Feb. 6, 1900	Birth Place: Post Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: Oregon State Board of Health Frederick D. Stricker, Secretary	Date Issued:	Date Orig. Entry: Child born on Jan. 26, 1921
Class B	Date of Birth: 21 yrs old	Birth Place: Post Falls, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Welfare
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: Nov 2, 1953

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been [illegible] which [illegible] the facts as set forth in the foregoing abstract.

State Registrar: W. W. Denson

Evidence Reviewed by: Edna Hamilton

Date Filed: Nov 2, 1953

Class A Records are those made and [illegible]
Class B Records are those made [illegible]

NOV 9 1953

SUPPORTING RECORD 1

Type of Document: Letter re application for Insurance
Date of Birth: Birth Place
By Whom Issued and Signed: Great Western Mutual Association, Inc. by J. [illegible] Mackey, Sec-Treas.
Full Name of Mother
Date Issued: 10/21/53
Name of Father
Date Orig. Entry: Application on June 12, 1942

SUPPORTING RECORD 2

Type of Document: Affidavit by Uncle
Date of Birth: Birth Place: Feb. 6, 1900 Post Falls, Idaho
By Whom Issued and Signed: A. J. Blameter
Full Name of Mother
Date Issued: 10/26/53
Name of Father
Date Orig. Entry: Children born on Jan. 26, 1921

Class B

SUPPORTING RECORD 3

Type of Document: Child's Birth Certificate
Date of Birth: Birth Place: 21 yrs old Post Falls, Idaho
By Whom Issued and Signed: Superior State Board of Health Frederick [illegible] Stricker, Secretary
Full Name of Mother
Date Issued
Name of Father

Class B

QUALIFYING INFORMATION

713-129-022-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 3 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 1018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Glenn Palmer		2. Date of Birth (month) May (day) 29 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Wilford, Idaho
FATHER	6. Full Name of Father: Carl Abraham Palmer		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarrah Olivia Welker		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Glenn Palmer	11. Present Address of Registrant: Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 2, 1953	12. Signature of Notary: H. S. Stewart	13. Notary Commission expires: March 7, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church record	By whom issued and signed: L. D. S. Church	Date Issued: 11/5/53	Date Orig. Entry: Entered on record, Sept. 2, 1900
	Date of Birth: May 29, 1900	Birth Place: Wilford, Idaho	Full Name of Mother: Sarah Olivia Welker	Name of Father: Carl Abraham Palmer
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 6, 1908	Date Orig. Entry:
	Date of Birth: Sept. 6, 1908	Birth Place: Wilford, Idaho	Full Name of Mother: S. Olivia Welker	Name of Father: Carl A. Palmer
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed*: Nov. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Dec 3 1918
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 3 1965

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Carl Glenn Palmer	2. Date of Birth (month) May (day) 29 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Wilford, Idaho
FATHER	6. Full Name of Father: Carl Abraham Palmer	7. State or Country of Father's Birth: Utah	
	8. Full Name of Mother: Sarah Olivia Walker	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Ashton, Idaho
	11. Subscribed and sworn to before me on: December 2, 1953	12. Signature of Notary	13. Notary Commission expires: March 7, 1955

NOV 10 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church record	By whom issued and signed: L. D. S. Church	Date Issued: 11/6/53	Date Orig. Entry: Entered on record, Sept. 2, 1900
	Date of Birth: Birth Place	Full Name of Mother: Sarah Olivia Walker	Name of Father: Carl Abraham Palmer	
Class: A				
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 6, 1908	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother: S. Olivia Walker	Name of Father: Carl A. Palmer	
Class: B				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class:				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Monson	Edna Hamilton	Nov. 9, 1965

*Class A Records are those made and filed across the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but not at least 5 years old.

Form DPH 6[illegible]

331-216-026-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1028
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Christina Clark

2. Date of Birth (month) January (day) 16 (year) 1900

3. Color or Race | 4. Sex | 5. Place of Birth a. County: Menan Jefferson | b. City or Town of Birth: Menan, Idaho

FATHER

6. Full Name of Father: Moses C. Clark

7. State or Country of Father's Birth: Utah - Salt Lake City

MOTHER

8. Full Maiden Name of Mother: Annie Giesler

9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen C. Elbert formerly Helen Christena Clark

11. Present Address of Registrant: 511 N. Harrison, Pocatello, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on November 5th 1953

12. Signature of Notary: Robert M. Terrell, Notary Public

13. Notary Commission expires: June 15th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	May 5, 1953	Baptized on July 5, 1908
Class* B	Date of Birth / Birth Place: Jan. 16, 1900 Menan, Idaho	Full Name of Mother: Annie Giesler	Name of Father: Moses C. Clark	
SUPPORTING RECORD 2.	Application for Insurance	Beneficial Life Ins. Co.		June 15, 1945
Class B	Jan. 16, 1900 Menan, Idaho			
SUPPORTING RECORD 3.	Affidavit by an Older Sister	Mrs. Clara Hall	October 31, 1953	
Class B	Jan. 16, 1900 Menan, Idaho	Annie Giesler Clark	Moses C. Clark	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 12 1955

Nelson Christine Clark

Jan. 19, 1900 Mormon Idaho

Mormon Idaho

Utah - Salt Lake City

Georgia Clayter

393-224-040-89

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1054
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alma Edith Lillquist
2. Date of Birth (month) (day) (year): Sept. 24 1900
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Shoshone
b. City or Town of Birth: Mace, Idaho

FATHER

6. Full Name of Father: Axel Lillquist
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Hannah Highland
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alma E. Lillquist
11. Present Address of Registrant: R. 1 Bx 265 Post Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 2nd day of Nov. 19 53

12. Signature of Notary: M. E. Brandon
13. Notary Commission expires: 12/1/53 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	School Census record	13 yrs old		County Board of Education, Kootenai Co., Arleda Jakopson, Deputy		11/2/53	Census of Sept. 14, 1914	
SUPPORTING RECORD 2. Class B	Affidavit by Mother	Sept. 24, 1900	Mace, Idaho	Hannah Lillquist		Nov. 2, 1953		
SUPPORTING RECORD 3. Class A	Certificate of Baptism	Sept. 24, 1900	Mace, Idaho	Church	Hanna Lillquist			Axel Lillquist

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Peden	Nov. 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

251 - 205-010 - 24

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1098
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther May Beam
2. Date of Birth (month) (day) (year): November 5, 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho, a Bonneville Bingham
b. City or Town of Birth: Irwin Idaho.

FATHER

6. Full Name of Father: Charles Alexander Beam
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Elizabeth S. Burton
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Esther B. Twitchell
11. Present Address of Registrant: Box 48, John Day Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 1953
12. Signature of Notary: Audrey Bagley
13. Notary Commission expires: Jan. 12 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Census Record	9 yrs old	Idaho	Department of Commerce Bureau of the Census	Elizabeth S. Beam	Census of	1910	Charles A. Beam
SUPPORTING RECORD 2. Class B	Marriage record	20 yrs old		State of Idaho County of Fremont		June 11, 1921		
SUPPORTING RECORD 3. Class B	Child's birth certificate	21 yrs old	Idaho	Bureau of Vital Statistics Boise, Idaho #107644		Sept. 22, 1922		

QUALIFYING INFORMATION

Insurance record, Business Men's Assurance Co., gives date of birth as Nov. 5, 1900

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Dec. 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 9 1953

253-106-003-663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 20 1954
Division of Vital Statistics

State File No. De54-36
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Earl Sell.		2. Date of Birth (month) (day) (year): Dec. 6, 1900.
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho, Bannock, b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Henry Sell.		7. State or Country of Father's Birth: Canton, Ohio
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Fotchman		9. State or Country of Mother's Birth: Hastings, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles E. Sell	11. Present Address of Registrant: 14801 No. La Salle
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 19 52	12. Signature of Notary: Ada G. Barnett Notary Public, in and for the County of Los Angeles, State of Calif.	13. Notary Commission expires: July 18 19 53

Gardena Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1910
Class* B	Date of Birth: 9 yrs old / Birth Place: Idaho	Full Name of Mother: Clara Sell	Name of Father: Charles Sell	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Class A Dist. #25 Bannock Co. Pocatello, Idaho	Date Issued: Sept. 14, 1908	Date Orig. Entry:
Class B	Date of Birth: Dec. 6, 1900 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Florence S. Heimerdinger	Date Issued: 1-16-52	Date Orig. Entry:
Class B	Date of Birth: Dec. 6, 1900 / Birth Place: Pocatello, Idaho	Full Name of Mother: Clara Elizabeth Sell	Name of Father: Charles Henry Sell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		1-20-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 2

JAN 20 1954

213-227-004 RECEIVED FEB 8 - 1954 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 103
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Mable Hortense Bateman		2. Date of Birth (month) July (day) 27 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Xxxx~~ Idaho, Bear Lake	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: Hurbert Bateman		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Mary J. Madsen		9. State or Country of Mother's Birth: Bloomington, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable Hortense Bateman Bunn	11. Present Address of Registrant: Paris, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on January 27, 1954	12. Signature of Notary: Ruth Aland	13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho Commission Expires March 6, 1956 , 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church record of Birth	By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 1/29/54	Date Orig. Entry: Entered on Record Dec. 30, 1900
	Date of Birth / Birth Place: July 27, 1900 Bloomington, Ida.	Full Name of Mother: Mary Jane Madson	Name of Father: Hurbert Bateman	
SUPPORTING RECORD 2. Class B	Type of Document: Church record of Baptism	By whom issued and signed: L. D. S. Church, by Weldon E. Grandy, Clerk	Date Issued: 12/10/53	Date Orig. Entry: Baptized on Aug. 1, 1908
	Date of Birth / Birth Place: July 27, 1900 Bloomington, Ida.	Full Name of Mother: Mary J. Madsen	Name of Father: Hurbert Bateman	
SUPPORTING RECORD 3. Class A	Type of Document: Bible record of birth	By whom issued and signed: Bible also examined by Ivy Bateman and her statement notarized by Sam Krogue Clk, Dist. Ct.	Date Issued: V. Tunks,	Date Orig. Entry: Jan. 20, 1954
	Date of Birth / Birth Place: July 27, 1900 Bloomington, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

Mable Hortense Bateman

July 27 1900

White F Bloomington

Bloomington

Bloomington, Idaho

Paris, Idaho

FEB 9 - 1956

January 27, 1954

369-224-044 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 8 - 1954

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 106
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA ADELIA CORIELL			2. Date of Birth (month) November (day) 24 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Indian Valley
FATHER	6. Full Name of Father: Jacob Wesley Coriell			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Agnes Hutchison			9. State or Country of Mother's Birth: Sublett, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Adelia Coriell		11. Present Address of Registrant: 1932 A Tongass Ketchikan Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: February 3 1954	12. Signature of Notary: May Collins		13. Notary Commission expires: June 3 1957

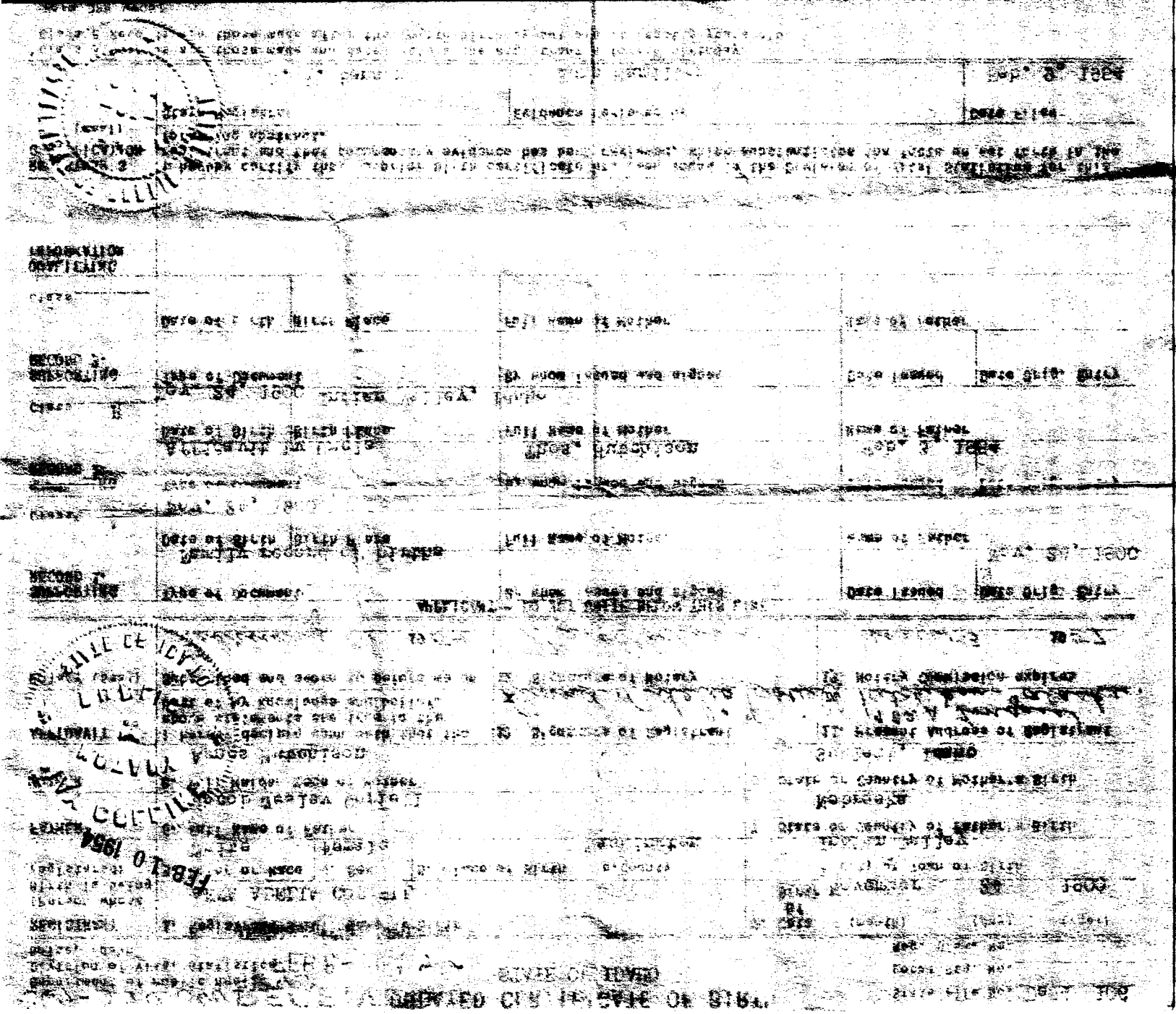
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record of births		By whom issued and signed	Date Issued	Date Orig. Entry: Nov. 24, 1900
Class* A	Date of Birth: Nov. 24, 1900	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle		By whom issued and signed: Thos. Hutchison	Date Issued: Feb. 3, 1954	Date Orig. Entry
Class B	Date of Birth: Nov. 24, 1900	Birth Place: Indian Valley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



291-124-08

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 3 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-222
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HENRY BRASSE			2. Date Of Birth (month) Feb. (day) 24, (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Hailey a. County: Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: John Comfort Braase			7. State or Country of Father's Birth: Nevada	
MOTHER	8. Full Maiden Name of Mother: Mary Mizer			9. State or Country of Mother's Birth: Oswego, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Henry Braasse	11. Present Address of Registrant: Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 4, 1952		12. Signature of Notary: Joseph W. Fuld	13. Notary Commission expires: Feb. 24 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: John C. Braase	Date Issued: Oct. 3, 1952	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Feb. 24, 1900, Hailey, Idaho	Full Name of Mother	Name of Father: John C. Braase	
SUPPORTING RECORD 2.	Type of Document: Equitable Life Insurance Co. Insurance Policy	By whom issued and signed: Policy viewed by Joseph Fuld, Notary Public #10383608	Date Issued: May 6, 1937	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 24, 1900,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: County Clerk & Recorder Gooding County	Date Issued: June 8, 1933	Date Orig. Entry
Class B	Date of Birth / Birth Place: 33 yrs ols / Hailey, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Court Order attached to this certificate shows the name of Henry Braase changed to Henry Brasse by Order of the Court on March 20, 1954

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	March 25, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 3 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's FULL Name at Birth: Henry Braase			2. Date Of Birth (month) Feb. (day) 24, (year) 1900	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: John Comfort Braase			7. State or Country of Father's Birth: Oswego, Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary Mizer			9. State or Country of Mother's Birth: Hailey, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Henry Braase	11. Present Address of Registrant: Arco, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 27, 1952		12. Signature of Notary: Joseph W. Dild	13. Notary Commission expires: Feb. 24 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class*_____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class_____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class_____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by	Date Filed	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 25 1954

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth	
		Mo. 1 Day 26 Year 1900	
		3. Place of Birth	
		Mo. 1 Day 26 Year 1900	
FATHER	5. Full Name of Father	7. State or Country of Father's Birth	
		Kansas, Kansas	
MOTHER	6. Full Maiden Name of Mother	8. State or Country of Mother's Birth	
		Valley, Idaho	
AFFIDAVIT	9. Declare you oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	Date Registrar		Date Filed	

Class A Notes are those made and dated before the Registrant's fourth birthday.
Class B Notes are those made after the fourth birthday but are at least 5 years old.

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF BLAINE

IN THE MATTER OF THE APPLICATION OF HENRY BRAASE FOR CHANGE OF NAME

.....

Plaintiff

vs.

.....

.....

Defendant

CLERK'S CERTIFICATE OF TRUE COPY

STATE OF IDAHO, } ss.
County of Blaine, }

I, GEORGE F. McCOY, Clerk of the District Court of the Fourth Judicial District of the State of Idaho, in and for the County of Blaine, do hereby certify that the foregoing is a full, true and correct copy of the original ORDER in the above entitled action now on file in my office.

Given under my hand and the seal of said Court in my office, at Hailey, this 20th day of March, A. D., 19 54

Attest: George F. McCoy Clerk.

By.....Deputy.

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF BLAINE

IN THE MATTER OF THE APPLICATION OF
HENRY BRAASS JOE DANCE OF [illegible]

.....
Plaintiff

vs.

.....

.....
Defendant

CLERK'S CERTIFICATE OF
TRUE COPY

STATE OF IDAHO,
County of Blaine } ss.

I, GEORGE E. McCOY ..... Clerk of the District Court of the Fourth Judicial District of the State of Idaho, in and for the County of Blaine, do hereby certify that the foregoing is a full, true and correct copy of the original.....

..... in the above entitled action now on file in my office.

Given under my hand and the seal of said Court in my office, at Hailey, this.....20th.....

..... day of ..... March ..... A. D., 19[illegible]

By..... Deputy. Attest: ..... Clerk.

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BLAINE.

- - - - -

IN THE MATTER OF THE APPLICATION)
OF HENRY BRAASE FOR CHANGE) O R D E R
OF NAME)

- - - - -

The above entitled matter coming on regularly to be heard this 20th day of March, 1954, before Honorable D. H. Sutphen, District Judge, sitting at Chambers, at Gooding, Gooding County, Idaho, upon the petition of Henry Braase for a change of name to Henry Brasse, and petitioner appearing in person and by his counsel, Joseph McFadden, and counsel having examined both the petitioner and his witness concerning the said petition and application; and it appearing to the Court that notice of hearing of such application has been duly given according to law, and that the allegations, matters and facts stated in the petition of the said Henry Braase are true and the reasons are sufficient to authorise the making of an order to change the name of Henry Braase to the name of HENRY BRASSE.

NOW THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED That the petition of the said Henry Braase be granted, and the name of the petitioner be, and the same hereby is changed to HENRY BRASSE.

Done at Chambers at Gooding, Gooding County, Idaho, this 20th day of March, 1954.

D. H. Sutphen
DISTRICT JUDGE

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF BLAINE.

- - - - -

IN THE MATTER OF THE APPLICATION)
OF HENRY BRAASE FOR CHANGE) O R D E R
OF NAME)

- - - - -

The above entitled matter coming on regularly to be heard this 20th day of March, 1954, before Honorable D. E. Stephen, District Judge, sitting at Chambers, at Gooding, Gooding County, Idaho, upon the petition of Henry Braase for a change of name to Henry Braase, and petitioner appearing in person and by his counsel, Joseph McFadden, and counsel having examined both the petitioner and his witness concerning the said petition and application; and it appearing to the Court that notice of hearing of such application has been duly given according to law, and that the allegations, matters and facts stated in the petition of the said Henry Braase are true and the reasons are sufficient to authorize the making of an order to change the name of Henry Braase to the name of HENRY BRASER.

NOW THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED That the petition of the said Henry Braase be granted, and the name of the petitioner be, and the same hereby is changed to HENRY BRASER.

Done at Chambers at Gooding, Gooding County, Idaho, this 20th day of March, 1954.

D. E. Stephen
DISTRICT JUDGE

855-224-003-509

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 236
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Henderson			2. Date of Birth (month) (day) (year): September 24, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: John Henderson			7. State or Country of Father's Birth: Logan, Cache County, Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Smith			9. State or Country of Mother's Birth: Logan, Cache County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Henderson Ryle		11. Present Address of Registrant: 1234 North Main, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1954	12. Signature of Notary: Emery P. Carr		13. Notary Commission expires: Notary Public, Residence, Pocatello, Idaho. My Commission Expires Aug. 1, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, by Ella D. Jack, Custodian		Date Issued: 3/10/54	Date Orig. Entry: Blessed on Nov. 6, 1900
Class* A	Date of Birth: Sept. 24, 1900	Birth Place: Pocatello, Ida.	Full Name of Mother: Charlotte Smith	Name of Father: John Henderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Ella D. Jack, Custodian		Date Issued: Mar. 10, 1954	Date Orig. Entry: Baptized on Oct. 3, 1908
Class B	Date of Birth: Sept. 24, 1900	Birth Place: Pocatello, Idaho	Full Name of Mother: Charlotte Smith	Name of Father: John Henderson	
SUPPORTING RECORD 3.	Type of Document: Membership in Ladies Auxiliary	By whom issued and signed: Lillian Bryan, Secretary		Date Issued: Mar. 18, 1954	Date Orig. Entry: Joined on Mar. 24, 1924
Class B	Date of Birth: Sept. 24, 1900	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Mar. 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 29 1954

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER
County Bonneville	County Bonneville
City or town Idaho Falls	City or town Idaho Falls
Name of hospital or institution	Street address 1220 Boulevard
3. FULL NAME OF CHILD	4. SEX
Boy Unnamed	Male
5. THIS BIRTH	6. IF NOT SINGLE, GIVE NAME OF HUSBAND
Was child born alive? Yes	
Was birth single, twin, triplet, etc.? Single	
If twin or triplet, was this child first, second, or third born?	
7. DATE OF BIRTH	8. AGE OF MOTHER
Month Sept. Day 24 Year 1900	At time of birth 24 yrs.
9. NUMBER OF CHILDREN OF THIS MOTHER	10. NUMBER OF THESE CHILDREN NOW LIVING
Including this child 1	Including this child 1
11. BIRTHPLACE OF MOTHER	12. BIRTHPLACE OF FATHER
State or foreign country Idaho	State or foreign country Idaho
13. USUAL OCCUPATION OF MOTHER	14. KIND OF BUSINESS OR INDUSTRY
Housewife	None
15. USUAL OCCUPATION OF FATHER	16. KIND OF BUSINESS OR INDUSTRY
Laborer	Farming

I hereby certify that I attended the birth of this child who was born alive at the time stated above.

17. SIGNATURE AND TITLE OF ATTENDANT	18. ADDRESS
Dr. W. H. Hanson	Idaho Falls, Idaho
19. DATE SIGNED	
Mar. 30, 1954	

I hereby certify that I have investigated the birth of this child and that the above information is correct to the best of my knowledge and belief.

20. SIGNATURE OF INFORMANT	21. ADDRESS
Charlotte Smith	Idaho Falls, Idaho
22. DATE SIGNED	
Mar. 30, 1954	

Subscribed and sworn to before me on

23. SIGNATURE OF NOTARY	24. TITLE

25. DATE RECEIVED BY LOCAL REGISTRAR	26. REGISTRATION NUMBER
MAR 29 1954	5924

CERTIFIED COPY OF VITAL RECORD
STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH

MAR 29 1954

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER
County Bonneville	County Bonneville
City or town Idaho Falls	City or town Idaho Falls
Name of hospital or institution	Street address 1220 Boulevard
3. FULL NAME OF CHILD	4. SEX
Boy Unnamed	Male
5. THIS BIRTH	6. IF NOT SINGLE, GIVE NAME OF HUSBAND
Was child born alive? Yes	
Was birth single, twin, triplet, etc.? Single	
If twin or triplet, was this child first, second, or third born?	
7. DATE OF BIRTH	8. AGE OF MOTHER
Month Sept. Day 24 Year 1900	At time of birth 24 yrs.
9. NUMBER OF CHILDREN OF THIS MOTHER	10. NUMBER OF THESE CHILDREN NOW LIVING
Including this child 1	Including this child 1
11. BIRTHPLACE OF MOTHER	12. BIRTHPLACE OF FATHER
State or foreign country Idaho	State or foreign country Idaho
13. USUAL OCCUPATION OF MOTHER	14. KIND OF BUSINESS OR INDUSTRY
Housewife	None
15. USUAL OCCUPATION OF FATHER	16. KIND OF BUSINESS OR INDUSTRY
Laborer	Farming

I hereby certify that I attended the birth of this child who was born alive at the time stated above.

17. SIGNATURE AND TITLE OF ATTENDANT	18. ADDRESS
Dr. W. H. Hanson	Idaho Falls, Idaho
19. DATE SIGNED	
Mar. 30, 1954	

I hereby certify that I have investigated the birth of this child and that the above information is correct to the best of my knowledge and belief.

20. SIGNATURE OF INFORMANT	21. ADDRESS
Charlotte Smith	Idaho Falls, Idaho
22. DATE SIGNED	
Mar. 30, 1954	

Subscribed and sworn to before me on

23. SIGNATURE OF NOTARY	24. TITLE

25. DATE RECEIVED BY LOCAL REGISTRAR	26. REGISTRATION NUMBER
MAR 29 1954	5924

CERTIFIED COPY OF VITAL RECORD
STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH

MAR 29 1954

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER
County Bonneville	County Bonneville
City or town Idaho Falls	City or town Idaho Falls
Name of hospital or institution	Street address 1220 Boulevard
3. FULL NAME OF CHILD	4. SEX
Boy Unnamed	Male
5. THIS BIRTH	6. IF NOT SINGLE, GIVE NAME OF HUSBAND
Was child born alive? Yes	
Was birth single, twin, triplet, etc.? Single	
If twin or triplet, was this child first, second, or third born?	
7. DATE OF BIRTH	8. AGE OF MOTHER
Month Sept. Day 24 Year 1900	At time of birth 24 yrs.
9. NUMBER OF CHILDREN OF THIS MOTHER	10. NUMBER OF THESE CHILDREN NOW LIVING
Including this child 1	Including this child 1
11. BIRTHPLACE OF MOTHER	12. BIRTHPLACE OF FATHER
State or foreign country Idaho	State or foreign country Idaho
13. USUAL OCCUPATION OF MOTHER	14. KIND OF BUSINESS OR INDUSTRY
Housewife	None
15. USUAL OCCUPATION OF FATHER	16. KIND OF BUSINESS OR INDUSTRY
Laborer	Farming

I hereby certify that I attended the birth of this child who was born alive at the time stated above.

17. SIGNATURE AND TITLE OF ATTENDANT	18. ADDRESS
Dr. W. H. Hanson	Idaho Falls, Idaho
19. DATE SIGNED	
Mar. 30, 1954	

I hereby certify that I have investigated the birth of this child and that the above information is correct to the best of my knowledge and belief.

20. SIGNATURE OF INFORMANT	21. ADDRESS
Charlotte Smith	Idaho Falls, Idaho
22. DATE SIGNED	
Mar. 30, 1954	

Subscribed and sworn to before me on

23. SIGNATURE OF NOTARY	24. TITLE

25. DATE RECEIVED BY LOCAL REGISTRAR	26. REGISTRATION NUMBER
MAR 29 1954	5924

791-223-007-795

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54-252
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Marie Gray			2. Date Of Birth (month) (day) (year): March 23, 1900	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Idaho a. County: Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: Ben Reeves Gray			7. State or Country of Father's Birth: Saline County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Luella May Pinney			9. State or Country of Mother's Birth: Iowa City, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy Gray Newell	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1954		12. Signature of Notary: Mabel Keeler	13. Notary Commission expires: May 7 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper notice		By whom issued and signed: The Hailey Times	Date Issued:	Date Orig. Entry: March 24, 1900
Class* A	Date of Birth: Mch. 23, 1900	Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father: Ben R. Gray	
SUPPORTING RECORD 2.	Type of Document: Election Register		By whom issued and signed: Geo. F. McCoy, County Recorder Blaine County	Date Issued:	Date Orig. Entry: 6-23-26
Class B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother		By whom issued and signed: LaVerne R. Gray	Date Issued: 3-26-54	Date Orig. Entry:
Class B	Date of Birth: March 23, 1900	Birth Place: Hailey, Idaho	Full Name of Mother: Luella May Pinney	Name of Father: Ben R. Gray	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	3-31-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): March 23, 1900
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (Account): Idaho, Idaho	6. Birthplace (Town of Birth): Valley
FATHER	6. Full Name of Father: Ben Reeves Kinney	7. State or Country of Father's Birth: Saline County, Missouri
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Iowa City, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant:
NOTARY (Full)	11. Subscribed and sworn to before me on: 19 [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Newspaper Notice	2) Whom issued and signed: [illegible] Valley Times	Date Issued	Date Orig. Entry: March 21, 1900
	Date of Birth: [illegible]	Birth Place: [illegible], Valley, Idaho	Full Name of Mother	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	3) Whom issued and signed: Geo. S. Moody, [illegible]	Date Issued	Date Orig. Entry: [illegible]
	Date of Birth: 26 yrs old	Birth Place: [illegible]	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by Brother	By whom issued and signed: LaVerne M. [illegible]	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth: March 23, 1900	Birth Place: Valley, Idaho	Full Name of Mother: [illegible] Kinney	Name of Father: Ben R. Gray
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	3-21-54

*Class A Records are those made and used before the Registrar's Foreign Birthday.
Class B Records are those made after the Registrar's Birthday but are at least 3 years old.

[illegible]

957-119-029 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-282
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Dwight Draper Ingram.			2. Date of Birth (month) Oct. (day) 19 (year) 1900	
	3. Color or Race W	4. Sex M	5. Place of Birth a. County Latah	b. City or Town of Birth Troy	
FATHER	6. Full Name of Father Charles Lincoln Ingram			7. State or Country of Father's Birth Wisconsin.	
MOTHER	8. Full Maiden Name of Mother Ida May Burgess			9. State or Country of Mother's Birth Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Dwight D. Ingram		11. Present Address of Registrant 5520-37th Ave. N.E.	
NOTARY (Seal)	Subscribed and sworn to before me on April 3 1954	12. Signature of Notary Barbara R. Puette		13. Notary Commission expires July 5, 1955 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: St. Mark's Cathedral Seattle 2, Washington	Date Issued: Baptized	Date Orig. Entry: Mch. 14, 1909
Class* B	Date of Birth: Oct. 19, 1900,	Birth Place:	Full Name of Mother: Ida Ingram	Name of Father: Charles L. Ingram
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: Jan. 18, 1927	Date Orig. Entry:
Class B	Date of Birth: Oct. 19, 1900,	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: Family	Date Issued:	Date Orig. Entry:
Class B	Date of Birth: Oct. 19, 1900	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

Affidavit by Ida M. Ingram gives the date of birth as Oct. 19, 1900, Troy, Idaho
Father, Charles Lincoln Ingram, mother Ida May Burgess.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 8 1954

993-215-004-9

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-327
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant: Ruth Richards		2. Date Of Birth (month) March (day) 15 (year) 1900
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake County; b. City or Town of Birth: Georgetown Idaho
FATHER	6. Full Name of Father: Wilford Woodruff Richards		7. State or Country of Father's Birth: Davis County, Utah
MOTHER	8. Full Maiden Name of Mother: Emily Randall		9. State or Country of Mother's Birth: Davis County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Richards Wymas	11. Present Address of Registrant: RFD Box 335, Tooele Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1954	12. Signature of Notary: Keith S. Nederman	13. Notary Commission expires: Aug 17 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Emily Randall Richards	Mch 25, 1954	
Class* B	Date of Birth / Birth Place: Mch 15, 1900, Georgetown, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church	3-23-54	
Class B	Date of Birth / Birth Place: Mch 15, 1900, Georgetown, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Record of Baptism	L. D. S. Church	Baptized	May 8, 1908
Class B	Date of Birth / Birth Place: Mch 15, 1900, Georgetown, Idaho	Full Name of Mother: Emily Randall	Name of Father: Wilford W. Richards	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeger	Apr. 22, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
APR 22 1954
STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(Type or print with pen and black ink)

1. Name of child: (First) (Middle) (Last)

2. Date of birth: (Month) (Day) (Year)

3. Sex

4. Color or race

5. Place of birth: a. County

b. City or town of birth: Idaho

6. Name of father

7. State or country of father's birth

8. Full maiden name of mother

9. State or country of mother's birth

10. Informant

11. Present address of informant

12. Signature of informant

13. Notary Commission expires

14. Physician or midwife in attendance at birth

15. Address

16. Date signed

17. Name of hospital or institution

18. Address

19. Date admitted

20. Date of birth

21. Usual residence of mother: (Same as 18 if same) (If not, give street address or R.F.D. number, city or town, county, and state)

22. Number of previous children born to this mother: a. Now living

b. Now dead

23. Number of other children born dead (stillborn)

24. Length of pregnancy

25. Was birth certificate filed?

26. Was child born in wedlock?

27. Was mother married to father at time of birth?

28. Was mother married to father at time of conception?

29. Was father of child of Spanish or Mexican descent?

30. Was mother of child of Spanish or Mexican descent?

31. Color or race of father

32. Color or race of mother

33. Usual occupation of father

34. Kind of business or industry

35. Usual occupation of mother

36. Kind of business or industry

37. Education of father: (Grade school) (High school) (College)

38. Education of mother: (Grade school) (High school) (College)

39. Number of children of this mother now living including this birth

40. Number of other children born alive but now dead

41. Was child born in hospital or institution?

42. Was birth attended by physician or midwife?

43. Was birth certified by physician or midwife?

44. Was birth reported by parent?

45. Was birth reported by hospital or institution?

46. Was birth reported by other person?

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314-210-040-33

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 23 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-331
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Campbell			2. Date of Birth (month) (day) (year): Jan. 10 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone County, Idaho	b. City or Town of birth: Out of Wallace, Idaho
FATHER	6. Full Name of Father: Lauchlin or Lawrence Campbell			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Katherine Clark			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Campbell		11. Present Address of Registrant: 1509 Magnolia San Jose, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1954	12. Signature of Notary: Helen Moellering		13. Notary Commission expires: June 5. 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction Shoshone County, Idaho	Date Issued: From	Date Orig. Entry: Sept. 1912 to May 1913
Class* B	Date of Birth: 13 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1920
Class B	Date of Birth: 20 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #50995	Date Issued: May 9, 1917	Date Orig. Entry:
Class B	Date of Birth: 18 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Ellen	Apr. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 26 1954

REGISTRANT (Person whose birth is registered)

1. Registrant's Full Name of Birth: [illegible] Campbell
2. Date of Birth (month) (day) (year): Jan. 10 1960
3. Color or Race: White
4. Sex: Female
5. Place of Birth (Country): Shoshone County, Idaho
6. Duty or Town of Birth: Wallace, Idaho

FATHER

4. Full Name of Father: [illegible]
5. Place or Country of Father's Birth: [illegible]

MOTHER

6. Maiden Name of Mother: [illegible] Clark
7. State or Country of Mother's Birth: Scotland

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible] 10-54

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible] Jone, Calif
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 10-54

APPLICANT'S OF WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Record
Date of Birth | Birth Place
By whom issued and signed: Dept. of Public Instruction, Shoshone County, Idaho
Full Name of Mother
Date Issued: From
Date Orig. Entry: Sept. 1912 to May 1913
Name of Father

Class B

SUPPORTING RECORD 2.

Type of Document: Census Record
Date of Birth | Birth Place
By whom issued and signed: Department of Commerce, Bureau of the Census
Full Name of Mother
Date Issued: Census of 1920
Date Orig. Entry
Name of Father

Class B

SUPPORTING RECORD 3.

Type of Document: Child's birth certificate
Date of Birth | Birth Place
By whom issued and signed: Bureau of Vital Statistics, Boise, Idaho #50[illegible]
Full Name of Mother
Date Issued: May [illegible], 1917
Date Orig. Entry
Name of Father

Class 5

QUALIFYING INFORMATION

WHEN STAMP 5 CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] Hanson
Evidence reviewed by: [illegible]
Date Filed: Apr. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] old.

944-209-029 368

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 25 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-433
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys MARIE ZumhoFF
2. Date of Birth (month) (day) (year): FEBRUARY 9 1900
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: AT HOME LATAH
b. City or Town of Birth: MOSCOW

FATHER

6. Full Name of Father: WiLLiAM AdoLF ZUMhoFF
7. State or Country of Father's Birth: IoWA

MOTHER

8. Full Maiden Name of Mother: JuliA ELEANOR CoRELL
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys M. Hansen
11. Present Address of Registrant: 240 TERRETT AVE. ALEXANDRIA, VA.

NOTARY (Seal)

Subscribed and sworn to before me on: May 21st 1954
12. Signature of Notary: C.C. Gunther
13. Notary Commission expires: November 14 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Insurance Policy Application	Metropolitan Life Insurance Company	May 2, 1929	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 9, 1900 Idaho			
SUPPORTING RECORD 2. Class A	Census Record	Department of Commerce Bureau of the Census	Census of	1900
	Feb. 1900 / Idaho	Julia E and	William A. Zumhoff	
SUPPORTING RECORD 3. Class B	School Record	Moscow Public Schools	entered	Sept. 1905
	Feb. 9, 1900	Mrs and	Mr. William Adolf Zumhof	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feldon	May 25, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAY 25 1954

REGISTRANT

1. Registrant's Full Name at Birth: LADYS MARIE ZUMHOFF
2. Date of Birth: FEBRUARY 9, 1900
3. Color of Race: White Female
4. Sex: AT HOME
5. Place of Birth: Idaho
6. Birth or Town of Birth: Moscow

FATHER

7. Full Name of Father: WILLIAM ADOLF ZUMHOFF
8. State or Country of Father's Birth: IOWA

MOTHER

9. Full Maiden Name of Mother: CORELL
10. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present address of Registrant: [illegible], VA.

Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

SUPPORTING RECORD

Type of Document: Insurance Policy Application
By whom issued and signed: Metropolitan Life Insurance
Date Issued: May 8, 1929
Date Orig. Entry: [illegible]
Date of Birth: Feb. 9, 1900
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD

Type of Document: Census Record
By whom issued and signed: Department of Commerce, Bureau of the Census
Date Issued: Census of 1900
Date Orig. Entry: [illegible]
Date of Birth: Feb. 1900
Birth Place: Idaho
Full Name of Mother: [illegible]
Name of Father: William A. Zumhoff

SUPPORTING RECORD

Type of Document: School Record
By whom issued and signed: Moscow Public Schools
Date Issued: Entered
Date Orig. Entry: Sept. 1905
Date of Birth: Feb. 9, 1900
Birth Place: [illegible]
Full Name of Mother: Mrs. and
Name of Father: Mr. William Adolf Zumhoff

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. [illegible]
Evidence Reviewed by: [illegible]
Date Filed: May 25, 1954

[illegible]

251-174-003-74

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 26 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-436
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyfford Henry Peake
2. Date of Birth (month) (day) (year): January 14 - 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Pocatello-Bannack
b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: Henry Charles Peake
7. State or Country of Father's Birth: Westershire England

MOTHER

8. Full Maiden Name of Mother: May Young Pugmire
9. State or Country of Mother's Birth: St. Charles Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyfford Henry Peake
11. Present Address of Registrant: 1034 E. Whitman,

NOTARY (Seal)

Subscribed and sworn to before me on: April 9 1954
12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires Feb. 17, 1958
Notary Public of Idaho, Residing at Pocatello, Ida. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy Application	Mutual Life Insurance Co.	Apr. 21, 1932	
Class* B	Date of Birth / Birth Place: Jan. 14, 1900, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Employment record	Union Pacific System	Aug. 9, 1918	
Class B	Date of Birth / Birth Place: Jan. 14, 1900	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Honorable Discharge	U. S. Navy	Feb. 21, 1919	
Class B	Date of Birth / Birth Place: Jan. 14, 1900, Pocatello, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 26, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
MAY 26 1954
STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

REGISTERED NUMBER

PATIENT

NOTARY

RECORD OF DEATH

CERTIFICATE OF DEATH

Insurance Policy Accident Division Mutual Life Insurance Co.

Jan. 21, 1954

Jan. 21, 1954

Jan. 21, 1954

312-204-044-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 20 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-467
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Caseldine			2. Date of Birth (month) November (day) 4 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Midvale Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Lawrence Caseldine			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Della Seid			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cleo Caseldine		11. Present Address of Registrant: Riverside Calif
NOTARY (Seal)	Subscribed and sworn to before me on May 7, 1954	12. Signature of Notary: Joan L. White		13. Notary Commission expires: Notary Public in and for the County of Riverside, State of California. My Commission Expires Sept. 27, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date Issued: May 4, 1925	Date Orig. Entry:
Class* B	Date of Birth: 25 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Della Seid Caseldine	Date Issued: May 7, 1954	Date Orig. Entry:
Class B	Date of Birth: Nov. 4, 1900	Birth Place: Midvale, Idaho	Full Name of Mother: Della Seid	Name of Father: Lawrence Caseldine
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Southern Sierras Power Co. Riverside Station	Date Issued: medical Exam 1-12-1928	Date Orig. Entry:
Class B	Date of Birth: 27 yrs old	Birth Place: Midvale, Idaho	Full Name of Mother: Della Caseldine	Name of Father: Lawrence Caseldine
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	June 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]-407
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth.	2. Date of Birth (month) (day) (year)
	[illegible]	November 4 1920
	3. Color or Race 4. Sex 5. Place of Birth (County)	6. City or Town of Birth
	[illegible] Female Washington	Nyssa
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
	[illegible]	[illegible]
MOTHER	9. Maiden Name of Mother	10. State or Country of Mother's Birth
	[illegible]	[illegible]
AFFIANT	I, [illegible], being duly sworn upon oath, say that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant Pittsville Calif
NOTARY (Seal)	Subscribed and sworn to before me on _____, 19	12. Signature of Notary 13. Notary Commission Expires _____, 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy	Metropolitan Life Insurance	May 1, 1929	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD B	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by mother	Della Reid Osborne	May 7, 1929	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Nov. 4, 1920 Nyssa, Idaho	Della Reid	Lawrence Osborne	
SUPPORTING RECORD C	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Employment Report	Southern Pacific Lower Co. Western Division	Received in Dept. Jan 12-1929	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	47 yrs old Nyssa, Idaho	Della Osborne	Lawrence Osborne	
CLASSIFICATION INFORMATION	Class _____			

REGISTRAR'S CERTIFICATION

I, Darcy certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the above statement.

Registrar	Evidence received by	Date Filed
[illegible]	[illegible]	June 5, 1929

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

365-215-029-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 6 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-575
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeanette Louise Tweedy			2. Date Of Birth: (month) Oct (day) 15 (year) 1900	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Kendrick	
FATHER	6. Full Name of Father: Columbus Tweedy			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Abbie Stewart			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jeanette Tweedy Riggs	11. Present Address of Registrant: Apt. 3 Jess Apts Lewiston	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 28 54 19		12. Signature of Notary: R. Phelps	13. Notary Commission expires: Idaho 11-7-57 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by half-sister	By whom issued and signed: Jessie Whitley Carter	Date Issued: May 26, 1954	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Oct. 15, 1900, Kendrick, Idaho	Full Name of Mother: Abbie Stewart	Name of Father: Columbus Tweedy	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: James E. Phelps, Asst. Vice Pres. First Security Bank	Date Issued	Date Orig. Entry: Mch 12, 1941
Class B	Date of Birth / Birth Place: Oct. 15, 1900, Kendrick, Idaho	Full Name of Mother: Lewiston, Ida.	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Co.	Date Issued: 3-14-1945	Date Orig. Entry
Class B	Date of Birth / Birth Place: Oct. 15, 1900, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: July 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

AUG 17

1. Name of child (First, middle, last)	2. Sex
3. Date of birth (Month, day, year)	4. Time of birth
5. Place of birth (City, county, state)	
6. Mother's maiden name (First, middle, last)	7. Mother's age at time of this birth
8. Mother's birthplace (State or country)	9. Mother's residence (State, county, city)
10. Father's name (First, middle, last)	11. Father's age at time of this birth
12. Father's birthplace (State or country)	13. Father's occupation
14. Informant's name and address	15. Relationship to child
16. Attendant's name and address	17. Date certified
18. Date received by local registrar	19. Registration number
20. Signature of local registrar	

Oct. 15, 1900, Leeds

Illegible

Illegible

Illegible

893-121-031-862

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 663
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbur Dallas Hill	2. Date Of Birth (month) (day) (year): November 21st 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: ~~Nez Perce~~ Lewis	b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: Francis Marion Hill	7. State or Country of Father's Birth: Nevada
MOTHER	8. Full Maiden Name of Mother: Leona May Hobart	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur Dallas Hill; 11. Present Address of Registrant: 631-No-6th St Walla Walla Wn
NOTARY (Seal)	Subscribed and sworn to before me on: 28th November 1953	12. Signature of Notary: Charles T. Bruce; 13. Notary Commission expires: Nov. 21 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record of births		By whom issued and signed:	Date issued:	Date Orig. Entry: Nov. 21, 1900
Class* A	Date of Birth: Nov. 21, 1900	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Employment record		By whom issued and signed: Union Pacific Railroad Co.	Date issued: 7/22/54	Date Orig. Entry: Employed on Sept. 14, 1925
Class B	Date of Birth: Nov. 21, 1900	Birth Place: Nezperce, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance		By whom issued and signed: Brotherhood of Railroad Trainmen	Date issued: Oct. 6, 1933	Date Orig. Entry:
Class B	Date of Birth: Nov. 21, 1900	Birth Place: Nezperce, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Key paid

Form DPH 49067

AUG 10 1954

914-219-001-844

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 708
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dawn Lawa Rambo
2. Date of Birth (month) (day) (year): Feb. 19th 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Star. Illegible

FATHER

6. Full Name of Father: John Jackson Rambo
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Leoti Lutricia Hudson
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dawn L. Snyder.
11. Present Address of Registrant: Meridian Ida. Box 594

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 25 1954
12. Signature of Notary: Bernard L. Kirk
13. Notary Commission expires: Sept 5 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible	Mrs. John Rambo, mother	2/19/1900	2/19/1900
Class* A	Date of Birth: 2/19/1900 / Birth Place: Star, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Child's Birth Certificate	State of Idaho		7/17/1924
Class B	Date of Birth: 24 yrs / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Pat Shields	Aug. 25, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1954 708
Local Reg.
Reg. Dist.

CONSTITUENT (Delayed when birth is not registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (Sex)	4. Place of Birth (Township)
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above date are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on 19	12. Signature of Notary
		13. Notary Commission expires 19

1954

SUPPORTING RECORD 1	Type of Document: Family Bible	By whom issued and signed: Mrs. John Bunko, mother	Date Issued: 2/19/1900	Date Orig. Entry: 2/19/1900
	Date of Birth: 2/19/1900	Birth Place: Star, Idaho	Full Name of Mother	Name of Father
Class: A				
SUPPORTING RECORD 2	Type of Document: Middle Birth Certificate	By whom issued and signed: State of Idaho	Date Issued	Date Orig. Entry: 7/17/1924
	Date of Birth: 24 yrs	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class:				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Pat Shields	Aug. 25, 1954

Class 1 Registrant's Name and Date of Birth Certificate
Class 2 Registrant's Name and Date of Birth Certificate

981-212-030-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE ~~OF~~ IDAHO

State File No. De54 718
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Ryan			2. Date Of Birth (month) Aug. (day) 12 (year) 1900
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Near Salmon, Idaho
FATHER	6. Full Name of Father: James M. Ryan			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Isabelle Schuh			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Ryan Sullivan		11. Present Address of Registrant: 320 W. Taylor St, Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: THIS 24TH AUG. 1954	12. Signature of Notary: Frank P. Foont		13. Notary Commission expires: JAN. 12 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Reocrd	By whom issued and signed: County Board of Education of Lemhi County, Salmon, Idaho	Date Issued: 6/25/54	Date Orig. Entry: School year of 1910
Class* B	Date of Birth / Birth Place: Aug. 12, 1900	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Registration to vote	By whom issued and signed: Washoe County, Reno Prec. 7	Date Issued: 8/24/54	Date Orig. Entry: Registered on June 1, 1928
Class B	Date of Birth / Birth Place: 27 yrs old / Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Registration for voting purposes	By whom issued and signed: Washoe County, Nevada H.K. Brown, Co. Clerk	Date Issued: 8/24/54	Date Orig. Entry: Registered on July 8, 1953
Class B	Date of Birth / Birth Place: Aug. 12, 1900 Salmon, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	CLASS B. Affidavit of Mother Mary I. Ryan, giving the birth date of registrant as August 12, 1900, and place of birth as near Salmon, Idaho.		Father, James M. Ryan	
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: Aug. 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

Registrar's Serial No. 118

Local Reg. No.

1. Registrant's full name at birth

2. Sex

3. Date of birth

4. Color or race

5. Place of birth

6. Full name of father

7. Birthplace of father

8. Full maiden name of mother

9. Birthplace of mother

10. Name and address of informant

11. Relationship

12. Name or Country of Mother's Birth

13. Name or Country of Father's Birth

14. Signature of Registrar

15. Date Filed

16. Signature of Informant

17. Address of Informant

18. Primary Occupation of Informant

19. Subscribed and sworn to before me on

20. Signature of Notary

21. Primary Occupation of Notary

22. Address of Notary

23. Name of Physician

24. Address of Physician

25. Date Received

26. Date Filed

27. Type of Document

School Census Record

28. Date of Birth

29. Birth Place

30. Name of Mother

31. Maiden Name of Mother

32. Name of Father

33. Date Issued

34. Date Expires

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390. Date Expires

391. Fee Paid

392. Issued by

393. Date Issued

394. Date Expires

395. Fee Paid

396. Issued by

397. Date Issued

398. Date Expires

399. Fee Paid

400. Issued by

401. Date Issued

402. Date Expires

403. Fee Paid

404. Issued by

405. Date Issued

406. Date Expires

407. Fee Paid

408. Issued by

409. Date Issued

410. Date Expires

411. Fee Paid

412. Issued by

413. Date Issued

414. Date Expires

415. Fee Paid

416. Issued by

417. Date Issued

418. Date Expires

419. Fee Paid

420. Issued by

421. Date Issued

422. Date Expires

423. Fee Paid

424. Issued by

425. Date Issued

426. Date Expires

427. Fee Paid

428. Issued by

429. Date Issued

430. Date Expires

431. Fee Paid

432. Issued by

433. Date Issued

434. Date Expires

435. Fee Paid

436. Issued by

437. Date Issued

438. Date Expires

439. Fee Paid

440. Issued by

441. Date Issued

442. Date Expires

443. Fee Paid

444. Issued by

445. Date Issued

446. Date Expires

447. Fee Paid

448. Issued by

449. Date Issued

450. Date Expires

451. Fee Paid

452. Issued by

453. Date Issued

454. Date Expires

455. Fee Paid

456. Issued by

457. Date Issued

458. Date Expires

459. Fee Paid

460. Issued by

461. Date Issued

462. Date Expires

463. Fee Paid

464. Issued by

465. Date Issued

466. Date Expires

467. Fee Paid

468. Issued by

469. Date Issued

470. Date Expires

471. Fee Paid

472. Issued by

473. Date Issued

474. Date Expires

475. Fee Paid

476. Issued by

477. Date Issued

478. Date Expires

479. Fee Paid

480. Issued by

481. Date Issued

482. Date Expires

483. Fee Paid

484. Issued by

485. Date Issued

486. Date Expires

487. Fee Paid

488. Issued by

489. Date Issued

490. Date Expires

491. Fee Paid

492. Issued by

493. Date Issued

494. Date Expires

495. Fee Paid

496. Issued by

497. Date Issued

498. Date Expires

499. Fee Paid

500. Issued by

STATE OF NEVADA
COUNTY OF WASHOE } ss.

I, H. K. BROWN, County Clerk and ex-officio Clerk of the Second Judicial District Court, in and for Washoe County, State of Nevada, the same being a court of Record, do hereby certify that FRANK R. KOONTZ, the person who subscribed the annexed instrument, and before whom the same was taken, was at the date thereof, and is now a NOTARY PUBLIC in and for said County, duly qualified and sworn and by virtue of his said office, he is authorized to take acknowledgments and to administer oaths, and that he is an officer authorized by the laws of the State of Nevada, to take and certify the acknowledgment and proof of deeds to be recorded in the state.

I do further certify that I am acquainted with the handwriting of the said FRANK R. KOONTZ, and verily believe the name subscribed to and the said annexed instrument is his true and genuine signature, and further, that the attestations are in due form of law.

I do further certify that the impression of the seal is the true and genuine seal of FRANK R. KOONTZ

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court at Reno, in said County and State, this 24th day of August A. D. 19 54

H K Brown Clerk.

By ~~Deputy.~~

STATE OF NEVADA
COUNTY OF WASHOE

AUG 30 1954

I, ... County Clerk and ex-officio Clerk of the Second Judicial District Court, in and for Washoe County, State of Nevada, the same being a court of Record, do hereby certify that ..... the person who subscribed the annexed instrument, and before whom the same was taken, was at the date thereof, and is now a ..... in and for said County, duly qualified and sworn and by virtue of his said office, he is authorized to take acknowledgments and to administer oaths, and that he is an officer authorized by the laws of the State of Nevada, to take and certify the acknowledgment and proof of deed to be recorded in the state.

I do further certify that I am acquainted with the handwriting of the said ..... and verily believe the name subscribed to and the said annexed instrument is his true and genuine signature, and further, that the attestations are in due form of law.

I do further certify that the impression of the seal is the true and genuine seal of ..... IN WITNESS WHEREOF I have hereunto set my hand and affixed the seal of said Court at Reno, in said County and State, the ..... day of AUG 1954 A. D. 19 54

..... Clerk

253-116-022-499

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 767
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Burton Petersen		2. Date Of Birth (month) (day) (year): March 16th 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Burton, Idao Fremnnt; b. City or Town of Birth: Burton, Idaho
FATHER	6. Full Name of Father: Jacob C. Petersen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Annie Dronkwater		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Burton Petersen	11. Present Address of Registrant: Box 3325 Rt. 1 Issaquah, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 4th 1954	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 12 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 9, 1900
Class* A	Date of Birth: Mar. 16, 1900 Birth Place: Burton, Idaho	Full Name of Mother: Annie Drinkwater	Name of Father: Jacob C. Petersen	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: New York Life Ins. Co.	Date Issued: Nov. 27, 1939	Date Orig. Entry:
Class B	Date of Birth: Mar. 16, 1900 Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Pioneer American Ins. Co.	Date Issued: Dec. 5, 1950	Date Orig. Entry:
Class B	Date of Birth: Mar. 16, 1900 Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AM20 [redacted]

REGISTRANT

1. Name (Type or Print) (First, Middle, Last)
Jerome Burton Petersen

2. Sex
Male

3. Color or Race
White

4. Date of Birth (Month, Day, Year)
March 16th 1900

5. Place of Birth (City or Town, County, State)
Burton, Idaho Fremont

6. Usual Residence (Street and No., City or Town, County, State)
[redacted]

7. Occupation (Kind of Work Done, Even If Retired)
[redacted]

8. Name of Employer

9. Married, Single, Widowed, or Divorced
[redacted]

10. Signature of Registrant

11. Date Signed (Month, Day, Year)
[redacted]

12. Witnessed by Me This Day of (Month, Year)
[redacted]

13. Signature of Witness

14. Title of Witness

15. Address of Witness

16. Registration Board Action

17. Date Mailed

PARENTAGE

18. Full Name of Father
Jacob C. Petersen

19. Birthplace of Father
[redacted]

20. Full Maiden Name of Mother
Annie Trenmeter

21. Birthplace of Mother
Maryland

AFFIDAVIT

I certify (declare) under penalty of perjury that the foregoing statements are true. The information I have furnished may be used in the prosecution of violations of the Selective Service Act of 1948 and the Universal Military Training and Service Act.

22. Signature of Registrant
[redacted]

23. Signature of Notary
[redacted]

24. Address of Registrant
Box 225 Rt. 1
Issaquah, Washington

25. Notary Commission expires
[redacted]

RECORD OF LOCAL BOARD

DO NOT WRITE BELOW THIS LINE

26. Date Received
[redacted]

27. Date Mailed, Delivered, or Returned
June 7, 50

28. Name of Father
Jacob C. Petersen

29. Date Issued
Nov. 27, 50

30. Name of Father

31. Date Duplicate Issued

32. Date Orig. Mailed

CLASSIFICATION

33. Class
3

34. Date of Classification
Dec. 7, 50

35. Date of Birth
March 16, 1900

36. Place of Birth
Burton, Idaho

37. Name of Mother
Annie Trenmeter

38. Date Issued
Nov. 27, 50

39. Name of Father

40. Date Orig. Mailed

41. Class

42. Date of Classification
Dec. 7, 50

43. Date of Birth

44. Place of Birth

45. Name of Mother

46. Date Issued

47. Date Orig. Mailed

QUALIFYING INFORMATION

CERTIFICATE

I hereby certify that my original birth certificate has been found in the Division of Vital Statistics for this registrant and that subsequent evidence has been received which substantiates the facts as set forth in the foregoing statement.

State Registrar

Evidence received by

Date filed

RELEASED CERTIFICATE OF BIRTH
STATE OF IDAHO

845-221-02

RECEIVED FEB 23 '54 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 859
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMMA LAVON HUNTSMAN			2. Date Of Birth (month) April (day) 21 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: John Huntsman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Elvira Hardy			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X La Von Messerny		11. Present Address of Registrant: Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 20 1954	12. Signature of Notary: Lin Aland		13. Notary Commission expires: LEVI ALAND Notary Public Montpelier, Idaho My Commission Expires December 15, 1957 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: May 3, 1908
Class* B	Date of Birth: Apr. 21, 1900	Birth Place: Marysville, Idaho	Full Name of Mother: Lucy Hardy	Name of Father: John Huntsman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Lucy Huntsman, Mother	Date issued: 10-6-54	Date Orig. Entry:
Class B	Date of Birth: 4-21-1900	Birth Place: Marysville, Idaho	Full Name of Mother: Lucy Huntsman	Name of Father: John Huntsman	
SUPPORTING RECORD 3.	Type of Document: Affidavit for Marriage License		By whom issued and signed: S. D. Farnsworth County recorder Jack A. Stone, Clerk, Dist.	Date issued: Ct. 10/12/54	Date Orig. Entry: License issued Oct. 6,1920
Class B	Date of Birth: 20 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CLASS B. Affidavit by Hattis Loosli, next door neighbor at time of the birth, showing the birthdate as April 21, 1900 and place of birth as Marysville, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Mines
Division of Vital Statistics
Boise, Idaho

Date Filed: Oct. 25, 1950
Reg. Dist. No.

REGISTRAR

Person whose birth is being registered

2. Date of Birth (month) (day) (year)
April 21 1900

5. Color or Race | 6. Sex | 8. Place of Birth | 9. County
White | Female | [illegible] | [illegible]

City or Town of Birth
Marysville

6. Full Name of Father
John Huntsman

7. State or Country of Father's Birth
Utah

8. Full Maiden Name of Mother
Lucy Elvira Lacey

9. State or Country of Mother's Birth
Utah

10. Signature of Registrant
[illegible]

11. Present Address of Registrant
Ashton, Idaho

12. Signature of Notary
[illegible]

13. Notary Commission Expires
[illegible]

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry
Church Record | [illegible] | [illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry
Affidavit by Mother | Lucy Huntsman, Mother | 10-6-64

Date of Birth | Birth Place | Full Name of Mother | Name of Father
4-21-1900 | Marysville, Idaho | Lucy Huntsman | John Huntsman

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry
Affidavit for Marriage License | S. D. Farnsworth County Recorder | Dec. 6, 1920

Date of Birth | Birth Place | Full Name of Mother | Name of Father
20 yrs old

Class B

QUALIFYING INFORMATION

CLASS B. A Affidavit by Hattie Loosly, next door neighbor at time of the birth, showing the birthdate as April 21, 1900 and place of birth as Marysville, Idaho.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date filed
[illegible] | Edna Hamilton | Oct. 21, 1950

Class A Records are [illegible] Registrar [illegible] Today.
Class B Records are [illegible] but are [illegible] Paper and

813-207-025-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 25 1954
Division of Vital Statistics

State File No. De54-946
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olivia Mary Hattrup
2. Date Of Birth (month) July (day) 7 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Idaho
b. City or Town of Birth: Keuterville

FATHER

6. Full Name of Father: Hubert Hattrup
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Gertrude Forsman
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olivia Mary Hattrup Tarla
11. Present Address of Registrant: Cottonwood, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Nov 23rd 1954

12. Signature of Notary: [illegible]
13. Notary Commission expires: May 20 th 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Holy Cross Church Keuterville, Idaho	Baptized	July 12, 1900
Class* A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	July 7, 1900, Keuterville, Idaho	Mary Forsman	Hubert Hattrup	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Mary Hattrup	Nov. 23,	1954
Class B	July 7, 1900, Keuterville, Idaho	Mary Hattrup		
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

814-204-029-843

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54-963
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Agnes Hauan			2. Date of Birth (month) Sept (day) 4 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Genessee Latah	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Albert Sevrin Hauan			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Hutchison			9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Hauan McArthur		11. Present Address of Registrant: 3209 No. Charles St. Baltimore 18, Maryland	
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1954	12. Signature of Notary: Virginia C. Stancill		13. Notary Commission expires: May 2, 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family, record viewed by Eula McCampbell, Notary		Date Issued: Sept. 4,	Date Orig. Entry: 1900
Class* A	Date of Birth: Sept. 4, 1900	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Santa Barbara High School		Date Issued	Date Orig. Entry: Aug. 31, 1914
Class B	Date of Birth: Sept. 4,	Birth Place: 1900	Full Name of Mother: Santa Barbara Calif.	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Albert S. and Mary E. Hauan		Date Issued: Nov.	Date Orig. Entry: 17, 1954
Class B	Date of Birth: Sept. 4,	Birth Place: 1954, Genesee, Idaho	Full Name of Mother: Mary E. Hauan	Name of Father: Albert S. Hauan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Dec. 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

DEC 2 1954

795-103-029-455

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54-969
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GEORGE MICHAEL GIESE
2. Date Of Birth (month) (day) (year): DECEMBER 3 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: JULIAETTA, IDAHO LATAH
b. City or Town of Birth: JULIAETTA

FATHER

6. Full Name of Father: JULIUS CARL GIESE
7. State or Country of Father's Birth: WEST PRUSSIA

MOTHER

8. Full Maiden Name of Mother: SUSSANNE DENNLER
9. State or Country of Mother's Birth: ALSACE LORRAINE, GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Michael Giese
11. Present Address of Registrant: JULIAETTA, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: December 1st 1954
12. Signature of Notary:
13. Notary Commission expires: Jan. 11th 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Zion Lutheran Church Juliaetta, Idaho	Baptized	Mch. 10, 1901
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Dec. 3, 1900	Sussanne Dennler	Julius Giese	

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	United Benefit Life Insurance		Aug. 7, 1942
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Dec. 3, 1900, Juliaetta,	Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eldon	Dec. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 8 1954

SEP 2 1973

713-118-022-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1014
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH SHARPE PACKER		2. Date Of Birth (month) October (day) 18 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Egin (or Egin Bench)
FATHER	6. Full Name of Father: Isaac Alma Packer		7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: Lucy Ella Sharpe (Packer)		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Sharpe Packer	11. Present Address of Registrant: 1056 North 5th Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd November 1954	12. Signature of Notary: H. J. Swanson	13. Notary Commission expires: 18th November 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: entered	Date Orig. Entry: Aug. 1, 1909
Class* B	Date of Birth: Oct. 18,	Birth Place: 1900, Egin, Idaho	Full Name of Mother: Lucy E. Sharp	Name of Father: Isiac C. Packer
SUPPORTING RECORD 2.	Type of Document: Census Report	By whom issued and signed: School Dist #30 Bingham County, Idaho	Date Issued: 1908-09	Date Orig. Entry:
Class B	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Ella Richards	Date Issued: Dec. 18,	Date Orig. Entry: 1954
Class B	Date of Birth: Oct. 18,	Birth Place: 1900, Egin, Idaho	Full Name of Mother: Lucy Ella Packer	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Eheden	Date Filed: Dec. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 24 1954
DEC 27 1954
DEC 28 1954

756-222-03 RECEIVED 39-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 1 - 1954

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-14
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Birdia Cathrine George		2. Date Of Birth: (month) Sept. (day) 22 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Latah	b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Thomas Jefferson George		7. State or Country of Father's Birth: Ozark, Christian Co., Mo.	
MOTHER	8. Full Maiden Name of Mother: Amanda Bell Rose		9. State or Country of Mother's Birth: Dayton, Columbia Co., Wash.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Birdia Cathrine George	11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27th, 19 54	12. Signature of Notary: Ruth Aland	13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires March 6, 1956 — 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	St. Joseph's Academy	entered	9-11-12
Class* B	Date of Birth / Birth Place: 13 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	Benefit Assoc. of R. R.	7-16-48	
Class B	Date of Birth / Birth Place: Sept. 22, 1900, Kendrick, Idaho	Full Name of Mother: Employees	Name of Father	
SUPPORTING RECORD 3.	Affidavit by Aunt	Ida Owens	Sept. 17, 1954	
Class B	Date of Birth / Birth Place: Sept. 22, 1900, Kendrick, Idaho	Full Name of Mother: Idaho Amanda Bell Rose	Name of Father: Thomas J. George	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeger	Date Filed: Jan. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 7 1955

CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S NUMBER

1. Name of child: Birdie Catherine George

2. Date of birth: Sept. 22, 1900

3. Sex: F

4. Color or race: White

5. Place of birth: Idaho

County: Latah

City or town of birth: Kendrick

FATHER

6. Full name of father: Thomas Jefferson George

7. State or country of father's birth: Ozark, Christian Co., Mo.

MOTHER

8. Maiden name of mother: Amanda Bell Hose

9. State or country of mother's birth: Dayton, Columbia Co., Wash.

I HEREBY CERTIFY, That I attended the birth of the child named above, who was born alive at the place and time and on the date stated above.

10. Signature of Physician or other person in attendance: [illegible]

11. Professional address of Physician or other person in attendance: Moscow, Idaho

12. Date signed: January 27th, 19 54

13. Name of informant: [illegible]

14. Address of informant: [illegible]

15. Date received by Registrar: [illegible]

16. Registrar's signature: [illegible]

17. Registrar's number: [illegible]

I HEREBY CERTIFY, That I supervised the birth of the child named above, who was born alive at the place and time and on the date stated above.

18. Signature of Attendant: [illegible]

19. Address of Attendant: [illegible]

20. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

21. Signature of Attendant: [illegible]

22. Address of Attendant: [illegible]

23. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

24. Signature of Attendant: [illegible]

25. Address of Attendant: [illegible]

26. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

27. Signature of Attendant: [illegible]

28. Address of Attendant: [illegible]

29. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

30. Signature of Attendant: [illegible]

31. Address of Attendant: [illegible]

32. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

33. Signature of Attendant: [illegible]

34. Address of Attendant: [illegible]

35. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

36. Signature of Attendant: [illegible]

37. Address of Attendant: [illegible]

38. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

39. Signature of Attendant: [illegible]

40. Address of Attendant: [illegible]

41. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

42. Signature of Attendant: [illegible]

43. Address of Attendant: [illegible]

44. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

45. Signature of Attendant: [illegible]

46. Address of Attendant: [illegible]

47. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

48. Signature of Attendant: [illegible]

49. Address of Attendant: [illegible]

50. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

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52. Address of Attendant: [illegible]

53. Date signed: [illegible]

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56. Date signed: [illegible]

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59. Date signed: [illegible]

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65. Date signed: [illegible]

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68. Date signed: [illegible]

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69. Signature of Attendant: [illegible]

70. Address of Attendant: [illegible]

71. Date signed: [illegible]

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72. Signature of Attendant: [illegible]

73. Address of Attendant: [illegible]

74. Date signed: [illegible]

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76. Address of Attendant: [illegible]

77. Date signed: [illegible]

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104. Date signed: [illegible]

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107. Date signed: [illegible]

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110. Date signed: [illegible]

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113. Date signed: [illegible]

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116. Date signed: [illegible]

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119. Date signed: [illegible]

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134. Date signed: [illegible]

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137. Date signed: [illegible]

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311. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

312. Signature of Attendant: [illegible]

313. Address of Attendant: [illegible]

314. Date signed: [illegible]

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316. Address of Attendant: [illegible]

317. Date signed: [illegible]

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319. Address of Attendant: [illegible]

320. Date signed: [illegible]

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322. Address of Attendant: [illegible]

323. Date signed: [illegible]

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325. Address of Attendant: [illegible]

326. Date signed: [illegible]

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328. Address of Attendant: [illegible]

329. Date signed: [illegible]

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332. Date signed: [illegible]

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335. Date signed: [illegible]

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337. Address of Attendant: [illegible]

338. Date signed: [illegible]

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339. Signature of Attendant: [illegible]

340. Address of Attendant: [illegible]

341. Date signed: [illegible]

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342. Signature of Attendant: [illegible]

343. Address of Attendant: [illegible]

344. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date stated above.

345. Signature of Attendant: [illegible]

346. Address of Attendant: [illegible]

347. Date signed: [illegible]

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348. Signature of Attendant: [illegible]

349. Address of Attendant: [illegible]

350. Date signed: [illegible]

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351. Signature of Attendant: [illegible]

352. Address of Attendant: [illegible]

353. Date signed: [illegible]

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354. Signature of Attendant: [illegible]

355. Address of Attendant: [illegible]

356. Date signed: [illegible]

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357. Signature of Attendant: [illegible]

358. Address of Attendant: [illegible]

359. Date signed: [illegible]

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361. Address of Attendant: [illegible]

362. Date signed: [illegible]

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364. Address of Attendant: [illegible]

365. Date signed: [illegible]

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366. Signature of Attendant: [illegible]

367. Address of Attendant: [illegible]

368. Date signed: [illegible]

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369. Signature of Attendant: [illegible]

370. Address of Attendant: [illegible]

371. Date signed: [illegible]

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373. Address of Attendant: [illegible]

374. Date signed: [illegible]

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375. Signature of Attendant: [illegible]

376. Address of Attendant: [illegible]

377. Date signed: [illegible]

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379. Address of Attendant: [illegible]

380. Date signed: [illegible]

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382. Address of Attendant: [illegible]

383. Date signed: [illegible]

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385. Address of Attendant: [illegible]

386. Date signed: [illegible]

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389. Date signed: [illegible]

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392. Date signed: [illegible]

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394. Address of Attendant: [illegible]

395. Date signed: [illegible]

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396. Signature of Attendant: [illegible]

397. Address of Attendant: [illegible]

398. Date signed: [illegible]

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399. Signature of Attendant: [illegible]

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401. Date signed: [illegible]

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408. Signature of Attendant: [illegible]

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410. Date signed: [illegible]

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411. Signature of Attendant: [illegible]

412. Address of Attendant: [illegible]

413. Date signed: [illegible]

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415. Address of Attendant: [illegible]

416. Date signed: [illegible]

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419. Date signed: [illegible]

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422. Date signed: [illegible]

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424. Address of Attendant: [illegible]

425. Date signed: [illegible]

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426. Signature of Attendant: [illegible]

427. Address of Attendant: [illegible]

428. Date signed: [illegible]

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431. Date signed: [illegible]

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434. Date signed: [illegible]

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437. Date signed: [illegible]

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475. Address of Attendant: [illegible]

476. Date signed: [illegible]

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478. Address of Attendant: [illegible]

479. Date signed: [illegible]

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481. Address of Attendant: [illegible]

482. Date signed: [illegible]

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484. Address of Attendant: [illegible]

485. Date signed: [illegible]

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505. Address of Attendant: [illegible]

506. Date signed: [illegible]

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508. Address of Attendant: [illegible]

509. Date signed: [illegible]

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510. Signature of Attendant: [illegible]

511. Address of Attendant: [illegible]

512. Date signed: [illegible]

I HEREBY CERTIFY, That I was present at the birth of the child named above, who was born alive at the place and time and on the date st

863-112-023-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 31 1955
Division of Vital Statistics

State File No. De55-82
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur H. Holbrook
2. Date of Birth (month) (day) (year): March 12, 1900
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: George W. Holbrook
7. State or Country of Father's Birth: Parma, Idaho

MOTHER

8. Full Maiden Name of Mother: Maud Wells
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur H. Holbrook
11. Present Address of Registrant: Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 3, 1954 19
12. Signature of Notary: Mabel Fields
13. Notary Commission expires: May 7, 1957 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Child's birth certificate
By whom issued and signed: Division of Vital Statistics Boise, Idaho #156109
Date Issued: Sept. 20, 1927
Date of Birth: 27 yrs old
Birth Place: Emmett, Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Affidavit by Mother
By whom issued and signed: Maud Holbrook Hardin
Date Issued: Jan. 11, 1955
Date of Birth: Mar. 12, 1900
Birth Place: Emmett, Idaho
Full Name of Mother: Maud Holbrook Hardin
Name of Father: George W. Holbrook
Class: B

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: American Home Benefit Assoc.
Date Issued: Dec. 30, 1946
Date of Birth: Mch. 12, 1900,
Birth Place:
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fields
Date Filed: Jan. 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

FEB 1 1955

695-204-040 -755

artment of Public Health
vision of Vital Statistics
oise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-167
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Rose Wiegele		2. Date of Birth (month) (day) (year): September 4 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone — b. City or Town of Birth: Murray, Idaho
FATHER	6. Full Name of Father: John Martin Wiegele		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Gertrude Catherine Perchinig		9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Rose Wiegele Foster	11. Present Address of Registrant: 7 South 23rd Street, Richmond, Calif.
NOTARY (Seal) ✓	Subscribed and sworn to before me on: November 16, 1954	12. Signature of Notary: Kathryn L. Davidson	13. Notary Commission expires: March 10, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record of Age	By whom issued and signed: School Dist. #2, Murray, Idaho by H. S. Swafford, Supt.		Date Issued: 11/2/54	Date Orig. Entry: Sept. 1906-1907
Class* B	Date of Birth: 6 yrs old Sept. 4, 1900	Birth Place	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by older Sister	By whom issued and signed: Mrs. Elzie E. Blair		Date Issued: 11/4/54	Date Orig. Entry
Class B	Date of Birth: Sept. 4, 1900	Birth Place: Murray, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: County Auditor, Spokane County, Spokane, Wn.		Date Issued: Jan. 19,	Date Orig. Entry: 1920
Class B	Date of Birth: 19 yrs old	Birth Place: Idaho	Full Name of Mother: Gertrude Prehenick		Name of Father: John Weigle

QUALIFYING INFORMATION

CLASS B. Affidavits by John R. Williams and Mrs. Clay W. Spekker, both giving date of birth as Sept. 4, 1900, place as Murray, Idaho,

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	on Mabel H. Eaton	Feb. 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Deb-167

Local Reg. No.

Reg. Dist. No.

FEB 23 1955

REGISTRAR: Mary Rose Wiegele

1. Date of Birth: September 4, 1900

2. Place of Birth: Shoshone

3. Color or Race: White

4. Sex: Female

5. Place of Birth: Shoshone

6. City or Town of Birth: Murray, Idaho

FATHER: John Martin Wiegele

7. State or Country of Father's Birth: Germany

MOTHER: Gertrude Catherine Perchinig

8. State or Country of Mother's Birth: Austria

AFFIDAVIT: 1. Do the doctors upon oath that the documents are true to the best of my knowledge and belief.

9. Signature of Registrar: [illegible]

10. Present Address of Registrant: 7 South 23rd Street, Richmond, Calif.

NOTARY: Sworn and Sworn to before me on

11. Signature of Notary

12. Notary Commission expires

[illegible]

SUPPORTING RECORD 1

Type of Document: School Record of Age

Date of Birth: Birth Place

Date Issued: [illegible]

Date Orig. Entry: Sept. 1907

Name of Father

Date of Birth: Birth Place

Full Name of Mother

Date Issued: [illegible]

Date Orig. Entry

Name of Father

SUPPORTING RECORD 2

Type of Document: Certificate of Marriage

Date of Birth: Birth Place

Full Name of Mother: Gertrude Prehonick

Date Issued: Jan. 19, 1920

Date Orig. Entry

Name of Father: John Weigle

QUALIFYING INFORMATION

[illegible]

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson

Evidence Reviewed by: [illegible]

Date Filed: Feb. 22, 1955

Class A Records are those made and dated before the Registrar's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but are at least 1 year old.

Form DPH 1906

967-118-004-569

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

RECEIVED
FEB 4 1955
Division of Vital Statistics

State File No. De55-207
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alfred Arthur Rogers
2. Date Of Birth: (month) October (day) 18 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bear Lake County; b. City or Town of Birth: Paris, Idaho

FATHER

6. Full Name of Father: Henry Nathaniel Rogers
7. State or Country of Father's Birth: Southhampton, England

MOTHER

8. Full Maiden Name of Mother: Elizabeth Hannah Norfolk
9. State or Country of Mother's Birth: Rangiora, New Zeland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Arthur Rogers
11. Present Address of Registrant: Paris Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 1, 19 55

12. Signature of Notary: Jean Price
13. Notary Commission expires: Oct. 1, 19 58

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church		Jan. 6, 1901

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 18, 1900	Paris, Idaho	Elizabeth Norfolk	Henry Rogers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Effie Rogers Bailey	Feb. 16, 1955	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 18, 1900	Paris, Idaho	Elizabeth Hannah Norfolk	Henry N. Rogers

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hayden	Mch 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]-207

Local Reg. No. [illegible]

Reg. Dist. No. [illegible]

1. Name of child (if any) [illegible]

2. Date of birth (month) [illegible] (day) [illegible] (year) 1952

3. Place of birth [illegible]

4. Color or race [illegible]

5. Sex [illegible]

6. City or town of birth [illegible]

7. Name or County of Mother's birth [illegible]

8. Full name of father [illegible]

9. State or Country of Father's birth [illegible]

10. Age of father [illegible]

11. Full name of mother [illegible]

12. State or Country of Mother's birth [illegible]

13. Age of mother [illegible]

14. Present Address of Mother [illegible]

15. Number of Previous Children [illegible]

16. Number Deceased [illegible]

17. Number Living [illegible]

18. Name and address of informant [illegible]

19. Relationship [illegible]

20. Date informant signed [illegible]

21. Name and address of person who prepared data [illegible]

22. Date prepared [illegible]

23. Name of Physician or Midwife in attendance at birth [illegible]

24. Address of Physician or Midwife [illegible]

25. Date Physician or Midwife last saw child alive [illegible]

26. Date Physician or Midwife last saw mother [illegible]

27. Was birth attended by Physician or Midwife? [illegible]

28. Was birth attended by Hospital or Institution? [illegible]

29. Was birth attended by Nurse? [illegible]

30. Was birth attended by Other Person? [illegible]

31. Was birth Premature? [illegible]

32. Was birth Multiple? [illegible]

33. Was birth Illegitimate? [illegible]

34. Was birth Stillborn? [illegible]

35. Was birth Registered? [illegible]

36. Was birth Certified? [illegible]

37. Was birth Recorded? [illegible]

38. Was birth Delayed? [illegible]

39. Was birth Amended? [illegible]

40. Was birth Corrected? [illegible]

41. Was birth Cancelled? [illegible]

42. Was birth Voided? [illegible]

43. Was birth Lost? [illegible]

44. Was birth Found? [illegible]

45. Was birth Adopted? [illegible]

46. Was birth Changed? [illegible]

47. Was birth Legitimated? [illegible]

48. Was birth Acknowledged? [illegible]

49. Was birth Disputed? [illegible]

50. Was birth Contested? [illegible]

51. Was birth Litigated? [illegible]

52. Was birth Appealed? [illegible]

53. Was birth Settled? [illegible]

54. Was birth Dismissed? [illegible]

55. Was birth Withdrawn? [illegible]

56. Was birth Abandoned? [illegible]

57. Was birth Forfeited? [illegible]

58. Was birth Revoked? [illegible]

59. Was birth Suspended? [illegible]

60. Was birth Terminated? [illegible]

61. Was birth Expired? [illegible]

62. Was birth Renewed? [illegible]

63. Was birth Reissued? [illegible]

64. Was birth Replaced? [illegible]

65. Was birth Transferred? [illegible]

66. Was birth Assigned? [illegible]

67. Was birth Conveyed? [illegible]

68. Was birth Mortgaged? [illegible]

69. Was birth Released? [illegible]

70. Was birth Satisfied? [illegible]

71. Was birth Discharged? [illegible]

72. Was birth Bankrupt? [illegible]

73. Was birth Insolvent? [illegible]

74. Was birth Deceased? [illegible]

75. Was birth Missing? [illegible]

76. Was birth Presumed Dead? [illegible]

77. Was birth Declared Dead? [illegible]

78. Was birth Declared Missing? [illegible]

79. Was birth Declared Deceased? [illegible]

80. Was birth Declared Presumed Dead? [illegible]

81. Was birth Declared Declared Dead? [illegible]

82. Was birth Declared Declared Missing? [illegible]

83. Was birth Declared Declared Deceased? [illegible]

84. Was birth Declared Declared Presumed Dead? [illegible]

85. Was birth Declared Declared Declared Dead? [illegible]

86. Was birth Declared Declared Declared Missing? [illegible]

87. Was birth Declared Declared Declared Deceased? [illegible]

88. Was birth Declared Declared Declared Presumed Dead? [illegible]

89. Was birth Declared Declared Declared Declared Dead? [illegible]

90. Was birth Declared Declared Declared Declared Missing? [illegible]

91. Was birth Declared Declared Declared Declared Deceased? [illegible]

92. Was birth Declared Declared Declared Declared Presumed Dead? [illegible]

93. Was birth Declared Declared Declared Declared Declared Dead? [illegible]

94. Was birth Declared Declared Declared Declared Declared Missing? [illegible]

95. Was birth Declared Declared Declared Declared Declared Deceased? [illegible]

96. Was birth Declared Declared Declared Declared Declared Presumed Dead? [illegible]

97. Was birth Declared Declared Declared Declared Declared Declared Dead? [illegible]

98. Was birth Declared Declared Declared Declared Declared Declared Missing? [illegible]

99. Was birth Declared Declared Declared Declared Declared Declared Deceased? [illegible]

100. Was birth Declared Declared Declared Declared Declared Declared Presumed Dead? [illegible]

I hereby certify that a certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the following entries.

State Registrar

Evidence presented by

Date filed

249-210-022-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 25 1955
Division of Vital Statistics

State File No. De55-210
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vera M. Smith
2. Date of Birth (month) (day) (year): March 10, 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth: Idaho
a. County: Fremont
b. City or Town of Birth: Egin

FATHER

6. Full Name of Father: Richard DeMont Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Evaline Mariah Mooso
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vera M. S. Ewcutt
11. Present Address of Registrant: Cardston Alberta

NOTARY (Seal)

Subscribed and sworn to before me on January 18 1955

12. Signature of Notary: E. Ward
13. Notary Commission expires: My Commission expires December 31st, 1958 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	Baptized	July 29, 1908
Class* B	Date of Birth / Birth Place: Mch. 10, 1900, Egin, Idaho	Full Name of Mother: Evaline Mooso	Name of Father: Richard D. Smith	
SUPPORTING RECORD 2.	Affidavit by mother	Evaline Smith	Dec. 17,	1952
Class B	Mch. 10, 1900, Egin, Idaho	Evaline Mariah Mooso	Richard DeMonte Smith	
SUPPORTING RECORD 3.	Child's birth certificate	Province of Alberta Canada	2-24-36	
Class B	35 yrs old Egin, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeder	Mch 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0063

MAR 7 1956

553-124-037-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City Wilson, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD CARL ALFRED NELSON

5. DATE OF BIRTH (Month, day, year) JAN. 24, 1900

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CARL ALVIN NELSON

11. Color or Race WHITE

12. Age at time of THIS birth 26 yrs.

13. Birthplace SMOLAND, SWEDEN - PROVINCE Co.
(City or Town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ARTA MAY COX

17. Color or Race WHITE

18. Age at time of THIS birth 20 yrs.

19. Birthplace BLAIR, NEBRASKA - WASH. County
(City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. nit.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Rose McGuire (First name) (Last name), who is related to this child as Mothers Sister (Mother, etc.)

26. (a) March 24, 1955 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date Feb 5. 1955

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined ~~not less than~~ $10 ~~nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? Not

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? None

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

Dr J H Murray

Nampa Idaho

DELAYED

State of Idaho .
. ss.
County of Canyon.

On this the 12th day of March, 1955 at Nampa, Idaho, before me, Creed W. Mullins, a notary public for Idaho, personally appeared, J. H. Murray, who acknowledged to me that he executed the Certificate of Birth of Carl Alfred Nelson attached hereto on the date shown in said certificate, and that the signature attached thereto is his signature.

Creed W. Mullins, Notary Public for Idaho, residing at Nampa, Idaho.
My Com. Ex. Nov. 30, 1957.

MAR 25 1955

State of Idaho .
. ss.
County of Canyon.

On this the 12th day of March, 1955 at Nampa, Idaho, before me, Orval W. Mullins, a notary public for Idaho, personally appeared, J. H. Murray, who acknowledged to me that he executed the Certificate of Birth of Carl Alfred Nelson attached hereto on the date shown in said certificate, and that the signature attached thereto is his signature.

Orval W. Mullins, Notary
Public for Idaho, residing
at Nampa, Idaho.
My Com. Ex. Nov. 30, 1957.

281-120-040-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-327
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hugh Allan Shamberger
2. Date of Birth (month) Feb. (day) 20 (year) 1900
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Kellogg

FATHER

6. Full Name of Father: William David Shamberger
7. State or Country of Father's Birth: Parkton Maryland

MOTHER

8. Full Maiden Name of Mother: Mary Maud McMillan
9. State or Country of Mother's Birth: Lancaster, Ontario Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hugh Shamberger
11. Present Address of Registrant: Carson City, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on April 4, 1955
12. Signature of Notary: E. Duel
13. Notary Commission expires: July 6, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by W. O. Watts, Notary Public		Feb. 20, 1900
Class* A	Date of Birth: Feb. 20, 1900	Birth Place: Kellogg, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Affidavit by mother	Maud Shamberger	Sept. 23, 1948	
Class B	Date of Birth: Feb. 20, 1900	Birth Place: Kellogg, Idaho	Full Name of Mother: Mary Maud McMillan	Name of Father: Wm. David Shamberger
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Apr. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

855-220-025-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 14 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-359
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CECILIA HENDRICKS	2. Date Of Birth (month) February (day) 20 (year) 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: August Hendricks	7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Maria Bruggemann	9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecilia Hendricks Cramer; 11. Present Address of Registrant: Rt. 1, Box 449 Rainier, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 8 1955	12. Signature of Notary: Alfred S. May; 13. Notary Commission expires: Aug 10 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Holly Cross Church, Keuterville	Date issued: 2/22/55	Date Orig. Entry: Baptized on Feb. 26, 1900
	Date of Birth: Feb. 20, 1900; Birth Place:	Full Name of Mother: Maria Bruggeman	Name of Father: August Hendricks	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Saint Boniface High School, Sublimity, Oregon	Date issued: 3-14-55	Date Orig. Entry:
	Date of Birth: Feb. 20, 1900, Cottonwood, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh Mabel F. Eden	Apr. 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 14 1955

855-220-025-26

RECEIVED
APR 14 1955
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-360
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: VERONICA HENDRICKS		2. Date Of Birth (month) February (day) 20 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: August Hendricks		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Maria Bruggemann		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veronica Hendricks Eder	11. Present Address of Registrant: Rt. 1, Box 177 Gervais, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 12, 1955	12. Signature of Notary: [illegible]	13. Notary Commission expires: August 22, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Holy Cross Church, at Keuterville, Idaho	Date Issued: 2/22/55	Date Orig. Entry: Baptized on Feb. 26, 1900
	Date of Birth: Feb. 20, 1900	Birth Place	Full Name of Mother: Maria Bruggemann	Name of Father: August Hendricks
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Saint Boniface High School Sublimity, Oregon	Date Issued: 3-14-55	Date Orig. Entry
	Date of Birth: Feb. 20,	Birth Place: 1900, Cottonwood, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Ransom	Evidence reviewed by: eh Mabel Fielder	Date Filed: Apr. 14-1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-10067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 14 1955

1. Date of Birth	February 20, 1900
2. Color or Race	White
3. Sex	Female
4. Place of Birth	Idaho
5. Date of Birth	Sept. 1900
6. Full Name of Father	[illegible]
7. State or Country of Father's Birth	Germany
8. Maiden Name of Mother	[illegible]
9. State or Country of Mother's Birth	Germany
10. Signature of Registrar	[illegible]
11. Present Address of Registrar	Mt. [illegible] Box 177 [illegible]
12. Signature of Mother	[illegible]
13. Notary Commission expires	[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: 2/22/55	Date Orig. Entry Verified on: Feb. 26, 1900
	Date of Birth: Birth Place	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	[illegible]	[illegible]	
	Date of Birth: Birth Place	Full Name of Mother: [illegible]	Name of Father:	
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: Birth Place	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Date of Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

966-128-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-402
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verley Croshaw Rowland	2. Date Of Birth (month) July (day) 28 (year) 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Edward Nelson Rowland	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Louise Croshaw	9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verley Croshaw Rowland; 11. Present Address of Registrant: Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 22, ~~March 29~~ 1955	12. Signature of Notary: George W. Hargraves; 13. Notary Commission expires: 5/19 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Geo. W. Hargraves, Notary Public	Date issued:	Date Orig. Entry: July 28, 1900
	Date of Birth: July 28,	Birth Place: 1900	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance New York Life	By whom issued and signed:	Date issued: Oct. 6, 1923	Date Orig. Entry:
	Date of Birth: July 28,	Birth Place: 1900, Pocatello, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #180203	Date issued:	Date Orig. Entry: Apr. 2, 1930
	Date of Birth: 29 yrs old	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

Affidavit by Aunt, Stella Rowland, gives date of birth as July 28, 1900 in Pocatello, Idaho, father, Edward Nelson Rowland, mother, Alice Louise Croshaw.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40063

APR 25 1956

798-207-906 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 15 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-411
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ESTHER JANE GRIFFITHS	2. Date Of Birth: (month) Sept. (day) 7 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Moreland, Bingham; b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: David J. Griffiths	7. State or Country of Father's Birth: Beaver Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret A. Williams	9. State or Country of Mother's Birth: Beaver Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther J. Bollens-Sherwood	11. Present Address of Registrant: Pioche,
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 55.	12. Signature of Notary: Roscoe H. Wilkes	13. Notary Commission expires: June 23, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: 9-7-1908
Class* B	Date of Birth: Sept. 7, 1900	Birth Place: Moreland, Idaho	Full Name of Mother: Margaret Williams	Name of Father: David J. Griffiths
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Margaret A. Griffiths	Date Issued: Apr. 11,	Date Orig. Entry: 1955
Class B	Date of Birth: Sept. 7, 1900	Birth Place: Moreland, Idaho	Full Name of Mother: Margaret A. Williams	Name of Father: David J. Griffith
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: School Dist #28 County of Bingham	Date Issued: census of	Date Orig. Entry: 1908-9
Class B	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeger	Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 26 1955

319-112-010-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 438
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Montie Phillip Carlson			2. Date Of Birth (month) August (day) 12 (year) 1900
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County - Now Bingham then, Bonneville-	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Charles J. Carlson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Hilma Christina Danielson			9. State or Country of Mother's Birth: Sweden
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Montie P. Carlson		11. Present Address of Registrant: R. # 4- Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1955	12. Signature of Notary: Gilbert H. Dean		13. Notary Commission expires: Residing at Idaho Falls, Idaho 11-26 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Johannes Shipp, Pastor	Date Issued: Feb. 23, 1902	Date Orig. Entry
Class* A	Date of Birth: Aug. 12, 1900 Birth Place: Idaho	Full Name of Mother: Hilma Carlson	Name of Father: Charles J. Carlson	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Aetna Life Insurance Co.	Date Issued: June 17, 1922	Date Orig. Entry
Class B	Date of Birth: Aug. 12, 1900 Birth Place: Idaho Falls, Idaho	Full Name of Mother: Hilma Carlson	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry
Class	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: May 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAY 3 1955

Registrar's Serial No.

Local Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. Color or Race 4. Sex 5. Place of Birth (County) (City)

6. Full Name of Father

7. State or Country of Father's Birth

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I, [illegible], declare upon oath that the statements made in this document are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission Expires

[illegible]

EVIDENCE

Type of Document | By Whom Issued and Signed | Date Issued | Date Orig. Entry

[illegible] | [illegible] | Mar. 23, 1902

Date of Birth | Birth Place | Full Name of Mother | Name of Father

[illegible]

EVIDENCE

Type of Document | By Whom Issued and Signed | Date Issued | Date Orig. Entry

[illegible] | [illegible] | [illegible] 17, 1922

Date of Birth | Birth Place | Full Name of Mother | Name of Father

[illegible]

EVIDENCE

Type of Document | By Whom Issued and Signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

CERTIFICATION

I do certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document.

Title of Registrar | Evidence reviewed by | Date Filed

[illegible] | [illegible] | May 3, [illegible]

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

365-204-029-483

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 3 1955
Division of Vital Statistics

State File No. De55-448
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Lavalle Cone			2. Date Of Birth (month) Sept (day) 4 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Potlatch Idaho	
FATHER	6. Full Name of Father: John Martin Cone			7. State or Country of Father's Birth: Butteville Oregon	
MOTHER	8. Full Maiden Name of Mother: Matilda Jane Miller			9. State or Country of Mother's Birth: Kenedyford Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Lavalle Hunnicutt		11. Present Address of Registrant: Pacific Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 17 1954	12. Signature of Notary: Juanita A. Brown		13. Notary Commission expires: July 25 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Application	Royal Neighbors of America		April 8, 1937
Class* B	Date of Birth / Birth Place: Sept. 4, 1900 Latah County	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Employment record War Service Appointment	By whom issued and signed: United States Navy Dept.	Date Issued: Jan. 26, 1944	Date Orig. Entry
Class B	Date of Birth / Birth Place: Sept. 4, 1900	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: Bessie Babcock, Clerk Moscow, Idaho	Date Issued	Date Orig. Entry: census of 1920
Class B	Date of Birth / Birth Place: 20 yrs old	Full Name of Mother: Mattie Cone	Name of Father: John Cone	

QUALIFYING INFORMATION

Affidavit by parents, Mattie and John Cone gives date of birth as Sept. 4, 1900, Potlatch, Idaho, affidavit dated Apr. 20, 1955

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleharty	May 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 9 1955

REGISTRANT	1. Registrant's Name	2. Date of Birth	3. Sex
FATHER	4. Name of Father	5. State or Country of Father's Birth	
MOTHER	6. Maiden Name of Mother	7. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Royal Neighbors of America	Date Issued	Date Orig. Entry: April 6, 1937
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
B				
SUPPORTING RECORD 2.	Type of Document: Employment record War Service Appointment	By whom issued and signed: United States Navy Dept.	Date Issued: Jan. 26, 1944	Date Orig. Entry
	Date of Birth / Birth Place: Sept. 4, 1900	Full Name of Mother	Name of Father	
B				
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: Bessie Babcock, Clerk Moscow, Idaho	Date Issued: census of 1920	Date Orig. Entry
	Date of Birth / Birth Place: 20 yrs old	Full Name of Mother: Mattie Cone	Name of Father: John Cone	
B				

QUALIFYING INFORMATION: Affidavit by parents, Mattie and John Cone gives date of birth as Sept. 4, 1900, Potlatch, Idaho, affidavit dated Apr. 20, 1955

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Registrar: [illegible] Benson	Evidence reviewed by: [illegible]	Date Filed: May 6, 1955

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

235-230-004-699

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 5 1955
Division of Vital Statistics

State File No. De55-477
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Stephens	2. Date of Birth (month) (day) (year): Sept. 30, 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bennington
FATHER	6. Full Name of Father: George Edward Stephens	7. State or Country of Father's Birth: Kent Co. England
MOTHER	8. Full Maiden Name of Mother: Winnifred Rebecca Wright	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn S. Johnson; 11. Present Address of Registrant: 154 So Sirrine St. Mesa Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1955	12. Signature of Notary: Elva W. Bayless; 13. Notary Commission expires: April 9 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Aug. 1, 1909
Class* B	Date of Birth: Sept. 30, Birth Place: 1900, Bennington, Idaho	Full Name of Mother: Winifred Wright	Name of Father: Geo. E. Stephens	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #187600	Date Issued:	Date Orig. Entry: Dec. 31, 1930
Class B	Date of Birth: 30 yrs old Birth Place: Bennington, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Loella Wright Simms	Date Issued: May 11,	Date Orig. Entry: 1955
Class B	Date of Birth: Sept. 30, Birth Place: 1900, Bennington, Idaho	Full Name of Mother: Winnifred R. Wright	Name of Father: Geo. E. Stephens	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 18 1955

719-202-044-519

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

RECEIVED
MAR 17 1955
Division of Vital Statistics

State File No. De55-481
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: May Parke		2. Date of Birth (month) May (day) 1 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cambridge Ida Washington	b. City or Town of Birth: Cambridge Ida
FATHER	6. Full Name of Father: Seth Thomas Parke		7. State or Country of Father's Birth: Peoria Illinois	
MOTHER	8. Full Maiden Name of Mother: Margaret Romaney Vail		9. State or Country of Mother's Birth: Macomb Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: May Hazel Parke Morra	11. Present Address of Registrant: Geiser Hotel. Baker Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1954	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 18 1956	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Oregon Division of Vital Statistics	Date Issued: July 26, 1921	Date Orig. Entry
Class* B	Date of Birth: 21 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry
Class A	Date of Birth: May 1900 1 month old,	Birth Place: Idaho	Full Name of Mother:	Name of Father: Seith Parks
SUPPORTING RECORD 3.	Type of Document: Wage Statement	By whom issued and signed: Social Security Adm.	Date Issued: 1951 to 1954	Date Orig. Entry
Class B	Date of Birth: May 2, 1900	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 18 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D655-481

Reg. Dist. No.

1. Registrar's Full Name of Birth

2. Date of Birth

3. Calendar Date of Birth

4. Place of Birth

5. Place of Birth

6. Full Name of Father

7. Place of Country of Father's Birth

8. Full Maiden Name of Father

9. Place of Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me

Signature of Notary

12. Notary Commission expires

19

SUPPORTING RECORD 1

Type of Document

Date Issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 2

Type of Document

Date Issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 3

Type of Document

Date Issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the accompanying evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

May 17, 1955

253-209-00 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

JUN 23 1955
Division of Vital Statistics

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-621
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Emma Bettanini			2. Date Of Birth (month) July (day) 9 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Joseph Bettanini			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Mahala Roberts			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian Emma Brincard		11. Present Address of Registrant: 1937 Clise Place, Seattle 99, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1955	12. Signature of Notary: Charles L. Hanley		13. Notary Commission expires: July 13 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record	By whom issued and signed: Family Bible viewed by T. O. Harfat, Notary Public, Seattle, Wash.	Date Issued: 4-1-55	Date Orig. Entry:
	Date of Birth: July 9, 1900 / Birth Place:	Full Name of Mother: Mahala Bettanini	Name of Father: Joseph Bettanini	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of baptism	By whom issued and signed: Methodist Episcopal Church Hillman Seattle, Wash.	Date Issued:	Date Orig. Entry: June 26, 1910
	Date of Birth: July 9, 1900 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Mahala Bettanini	Name of Father: Joseph Bettanini	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	affidavit by father			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: O. J. Benson	Evidence reviewed by: Betty Waller	Date Filed: June 28, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 29 1955

844-218-035-85

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 11 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-708
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Lillie Bell Hudson	2. Date Of Birth (month) (day) (year): December 18 1900
	3. Color or Race: white; 4. Sex: Female; 5. Place of Birth a. County: Mg Pence	b. City or Town of Birth: Peck Peck
FATHER	6. Full Name of Father: John Hudson	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Minna Huett	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Bell Daud; 11. Present Address of Registrant: Richmond Beach, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 17 1954	12. Signature of Notary: E E Ellsworth; 13. Notary Commission expires: June 21 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Older Brother	By whom issued and signed: Harry Hudson	Date issued: Oct. 19, 1954	Date Orig. Entry:
Class* B	Date of Birth: Dec. 18, 1900; Birth Place: Peck, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: application for marriage license	By whom issued and signed: State of Wisconson	Date issued: April 21, 1930	Date Orig. Entry:
Class B	Date of Birth: 29 years old; Birth Place:	Full Name of Mother: Bertha Hewett	Name of Father: John Hudson	
SUPPORTING RECORD 3.	Type of Document: church record	By whom issued and signed: St. John Cathedral Milwaukee 2, Wisconsin	Date issued: 7-25-55	Date Orig. Entry: baptized March 28, 1930
Class B	Date of Birth: December 18, 1900; Birth Place: Idaho	Full Name of Mother: Bertha Hewitt	Name of Father: John Hudson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	August 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1955

REGISTRANT (Person whose birth is being registered)	1. Registrant's Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 1910
	3. Color or Race: 4. Sex: [illegible]	5. Place of Birth: County: [illegible]
		6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
	Subscribed and sworn to before me on: [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Affidavit by Older Brother	By whom Issued and Signed: Harry Hudson	Date Issued: Oct. 17, 1954	Date Orig. Entry
Date of Birth: [illegible] Place: [illegible] Idaho	Full Name of Mother:	Name of Father:	
Type of Document: Application for Marriage	By whom Issued and Signed: State of Wisconsin	Date Issued: April 21, 1930	Date Orig. Entry
Date of Birth: Birth Place: 90 years old	Full Name of Mother: Bertha Hewett	Name of Father: John Hudson	
Type of Document: [illegible]	By whom Issued and Signed: [illegible] Wisconsin	Date Issued: [illegible]	Date Orig. Entry
Date of Birth: Birth Place: [illegible] Idaho	Full Name of Mother: [illegible]	Name of Father: John Hudson	

SUPPORTING RECORD 3.

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Betty [illegible]	Date Filed: August 1, 1955

533-126-006-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 5 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-733
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Miley Ellingford			2. Date of Birth (month) (day) (year): Nov. 26 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Ammon Bingham	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: John Robert Ellingford			7. State or Country of Father's Birth: Born in England
MOTHER	8. Full Maiden Name of Mother: Charlotte Maude Boylan			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Miley Ellingford		11. Present Address of Registrant: Arco, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 5, 1955	12. Signature of Notary: [signature]		13. Notary Commission expires: 10-20 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census		Date Issued: 1-27-54	Date Orig. Entry: Census of 1920, Jan. 1
Class* B	Date of Birth: 19 years old	Birth Place: Idaho	Full Name of Mother: Charlotte Ellingford	Name of Father: John Ellingford	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH		Date Issued: 12-27-08	Date Orig. Entry: baptized Dec. 27, 1908
Class B	Date of Birth: November 26, 1900	Birth Place: Ammon, Idaho Bingham County	Full Name of Mother: Charlotte M. Boylan	Name of Father: John R. Ellingford	
SUPPORTING RECORD 3.	Type of Document: letter re insurance application	By whom issued and signed: GRANGE MUTUAL LIFE CO. Nampa, Idaho		Date Issued: 11-23-53	Date Orig. Entry: April 7, 1943
Class B	Date of Birth: November 26, 1900	Birth Place: Ammon, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: August 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CATE OF BIRTH

STATE OF IDAHO

AUG 12 1954

REGISTRAR	Registrant's Full Name of Birth: Joseph Miley Ellingford		2. Date of Birth (month) (day) (year): Nov. 26 1900	
(Person whose Birth is being registered)	3. Color or Race: White	4. Sex: male	5. Place of Birth: Ammon	6. County: Bingham
				7. City or Town of Birth: Ammon
FATHER	Full Name of Father: Born Robert Ellingford		7. State or Country of Father's Birth: Born in England	
MOTHER	Maiden Name of Mother: Charlotte Maude Boylan		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the [illegible] statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Arco, Idaho	
NOTARY (Seal)	Sworn and sworn to before me on August 5, 19	12. Signature of Notary	13. Notary Commission expires 10-20 19 52	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 1-23-54	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Apply)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the following abstract.

Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: August 11, 1954

*Present A. Records are those made and dated before the registrant's fourth birthday.
Present Records are those made after the fourth birthday, but are at least a year old.

243-206-006-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 8 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-738
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Honetta Constance Buttcane

2. Date of Birth (month) (day) (year): Feb. 6th 1900

3. Color or Race: white

4. Sex: female

5. Place of Birth (a) County: Tilden, Idaho

(b) City or Town of Birth: Tilden, Idaho

FATHER

6. Full Name of Father: James Buttcane

7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Sarah Ferguson

9. State or Country of Mother's Birth: England.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Etta Constance Allen

11. Present Address of Registrant: 415 W. Colorado, Monrovia, California

NOTARY (Seal)

Subscribed and sworn to before me on: August 2, 1955

12. Signature of Notary: Walter F. Walter

13. Notary Commission expires: My Commission Expires November 23, 1957, 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit re school census

By whom issued and signed: Bingham County, Blackfoot, Idaho

Date Issued: 7-21-55

Date Orig. Entry: year of 1909

Class* B

Date of Birth: 9 years old

Birth Place:

Full Name of Mother:

Name of Father:

SUPPORTING RECORD 2.

Type of Document: Bible Record

By whom issued and signed: family Bible viewed by V. F. Wootton, Recorder

Date Issued: 7-26-55

Date Orig. Entry:

Class A

Date of Birth: February 6-1900

Birth Place:

Full Name of Mother: Bingham Co. Sarah Buttcane

Name of Father: James Buttcane

SUPPORTING RECORD 3.

Type of Document: affidavit by sister

By whom issued and signed: Caroline B. Tanner

Date Issued: 8-29-55

Date Orig. Entry:

Class B

Date of Birth: February 6, 1900

Birth Place: Tilden, Idaho

Full Name of Mother: Sarah Ferguson Buttcane

Name of Father: James Buttcane

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson

Evidence reviewed by: Betty Waller

Date Filed: August 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

7 1955

141-23-014 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 18 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-763
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Gertrude Adams			2. Date of Birth (month) June (day) 23 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Caldwell Canyon	b. City or Town of Birth: near Caldwell, Idaho
FATHER	6. Full Name of Father: Gustavus A. Adams			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Edith Mary Kelley			9. State or Country of Mother's Birth: Indiana, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Dwight Kaminsky		11. Present Address of Registrant: Clarks, Nebraska.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 15 1955	12. Signature of Notary: V. L. Douglas		13. Notary Commission expires: Dec 20 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit--school census		By whom issued and signed: STATE OF NEBRASKA Webster County	Date Issued: 6-9-55	Date Orig. Entry: census taken July 13, 1905
Class* B	Date of Birth: June 23 1900	Birth Place: Idaho	Full Name of Mother:	Name of Father: G. A. Adams	
SUPPORTING RECORD 2.	Type of Document: affidavit re marriage license		By whom issued and signed: STATE OF NEBRASKA Webster, County	Date Issued: 6-9-55	Date Orig. Entry: June 11, 1924
Class B	Date of Birth: 23 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor		By whom issued and signed: Daisy U. Amack	Date Issued: 9-12-55	Date Orig. Entry:
Class B	Date of Birth: June 23, 1900	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: August 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 18 1955

319-218-029-384

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-827
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Aletha Carter			2. Date Of Birth: (month) Nov. (day) 18 (year) 1900	
	3. Color or Race: W	4. Sex: f	5. Place of Birth: a. County: Latah	b. City or Town of Birth: Moscow, Idaho	
FATHER	6. Full Name of Father: George Wesley Carter			7. State or Country of Father's Birth: Illinois, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Viola Lazzet Thurston			9. State or Country of Mother's Birth: Michigan, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Aletha Carter Weldon		11. Present Address of Registrant: 725 E. Third, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 29 1955	12. Signature of Notary: Tom Pettit		13. Notary Commission expires: 7/30 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	child's birth certificate	STATE OF IDAHO #211665		child born March 6, 1933
Class* B	Date of Birth: 32 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	insurance application	ROYAL NEIGHBORS #142606 State of Illinois		7-30-25
Class B	Date of Birth: November 18, 1900	Birth Place: Moscow, Idaho Latah County	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	affidavit by uncle	Perry B. Carter	9-8-55	
Class B	Date of Birth: November 18, 1900	Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Viola Lazzet Thurston	Name of Father: George Wesley Carter
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Beman	bw Betty Waller	Sept. 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 13 1965

235-123-003-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-936
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 24 1955 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Leland Kleinman			2. Date of Birth (month) (day) (year): September 23, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Marsh Center Bannock	b. City or Town of Birth: Marsh Center (Onida) Idaho	
FATHER	6. Full Name of Father: Conrad Morori Kleinman			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Eliza Bethula Bringhurst			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie L. Kleinman		11. Present Address of Registrant: Toquerville, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: October 21, 1955	12. Signature of Notary: Forest Kleinman		13. Notary Commission expires: Feb. 6, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism & Confirmation	L.D.S. Church, Toquerville, Ut. John Batty, Ward Clerk	6-6-1909	June 6, 1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept 23, 1900 Idaho	Eliza B. Bringhurst	Conrad M. Kleinman	
SUPPORTING RECORD 2. Class B	Certificate of Ordination	LDS Church-Toquerville, Ut. H. A. Jackson, Clerk	Feb 12, 1923	Feb. 12, 1923
	Sept 23, 1900	Eliza B. Bringhurst	Conrad M. Kleinman	
SUPPORTING RECORD 3. Class B	Affidavit by Brother	Howard C. Kleinman	Oct 21, 1955	Oct. 21, 1955
	Sept 23, 1900 Marsh Center, Idaho	Eliza Bethula Bringhurst	Conrad Moroni Kleinman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Nov 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Bureau of Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Standard No. Delay-536
Local Reg. No.
Reg. Dist. No.

NOV 2 1955

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (Count) b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY	12. Signature of Notary	13. Notary Commission Expires	

SUPPORTING RECORD 1	Name of Document: Certificate of Baptism & Confirmation	By whom Issued and Signed: W.D.T. Church, Coquerville, Ut. John Batty, Ward Clerk	Date Issued: 6-6-1909	Date Orig. Entry: June 6, 1909
	Date of Birth: Sept 23, 1900	Full Name of Mother: Eliza B. Bringhurst	Name of Father: Conrad M. Kleinman	
SUPPORTING RECORD 2	Name of Document: Certificate of Ordination	By whom Issued and Signed: W.D.T. Church-Coquerville, Ut. H. A. Jackson, Clerk	Date Issued: Feb 12, 1923	Date Orig. Entry: Feb. 12, 1923
	Date of Birth: Sept 23, 1900	Full Name of Mother: Eliza B. Bringhurst	Name of Father: Conrad M. Kleinman	
SUPPORTING RECORD 3	Name of Document: Affidavit by Brother	By whom Issued and Signed: Howard C. Kleinman	Date Issued: Oct 21, 1955	Date Orig. Entry: Oct. 21, 1955
	Date of Birth: Sept 23, 1900	Full Name of Mother: Eliza Bethula Bringhurst	Name of Father: Conrad Moroni Kleinman	

REGISTRATION: Certificate that no prior birth certificate has been found in the Division of Vital Statistics for this Certificate and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Joyce B. Foltz	Nov 1, 1955

Class A Records are those made under the Registrar's Rules and Regulations.
Class B Records are those made after the fourth birthday but are at least [illegible]

235-208-025-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 31 1955
Division of Vital Statistics

State File No. De55-944
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Elizabeth Steward
2. Date Of Birth: (month) February (day) 8 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Denver near Grangeville

FATHER

6. Full Name of Father: Prince Albert Steward
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Mattie Catherine Eller
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel E. Steward Landry
11. Present Address of Registrant: 924 Anacapa Street, Santa Barbara, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: October 3 1955
12. Signature of Notary: Loretta White
13. Notary Commission expires: My Commission Expires Jan. 16, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by uncle	Thomas Eller	10-6-55	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	February 8, 1900 / Denver, Idaho Idaho County	Mattie Eller Steward		
SUPPORTING RECORD 2. Class B	Application for Social Security Account Number	Treasury Department Internal Revenue Service		June 1, 1943
	Feb 8,1900 / Denver, Idaho	Mattie Catherine Eller	Prince Albert Steward	
SUPPORTING RECORD 3. Class B	Life Insurance Application # 339961	Bankers Life Company DeMoines, Iowa	4-15-1930	April 15, 1930
	Feb 8,1900 / Denver, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Nov. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 2 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name			Date of Birth
[illegible]			[illegible]
3. Color or Race	4. Sex	5. Place of Birth	City or Town of Birth
[illegible]	[illegible]	[illegible] Idaho	[illegible]
6. Full Name of Father			State or Country of Father's Birth
[illegible]			[illegible]
7. Maiden Name of Mother			State or Country of Mother's Birth
Mattie Catherine Eller			

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

8. Signature of Registrant: [illegible]

9. Subscribed and sworn to before me on 19

10. Signature of Notary: [illegible]

11. Present Address of Registrant: 924 Anacapa Street, Santa Barbara, Calif.

12. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by uncle	Thomas Eller	[illegible]	

	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Application for Social Security Account Number	Treasury Department Internal Revenue Service		June 1, 1943

Class B	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Feb 8, 1900	Denver, Idaho	Mattie Catherine Eller	Prince Albert Steward

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Life Insurance Application # 339961	Bankers Life Company Des Moines, Iowa	4-15-1930	April 15, 1930

Class B	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Feb 8, 1900	Denver, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Statement.

Registrar	Evidence reviewed by	Date Filed
[illegible]	Joyce B. Foltz	Nov. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 months old.

165-208-036-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D655-997
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 21 1955 Division of Vital Statistics

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: ANN JONES			2. Date of Birth (month) (day) (year): DECEMBER 8 1900	
	3. Color or Race: White	4. Sex: female	5. Place of Birth (City, County): Malad City Oneida Co.	b. City or Town of Birth: Malad City Idaho	
FATHER	6. Full Name of Father: John Lewis Jones			7. State or Country of Father's Birth: Utah, Willard	
MOTHER	8. Full Maiden Name of Mother: Margery TOVEY			9. State or Country of Mother's Birth: Idaho - Malad city-Oneida	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ann J. Owens ANN JONES-OWENS	11. Present Address of Registrant: 1764 Wash. Blvd. Ogden Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: October 17th 1955		12. Signature of Notary: John H. McAllister	13. Notary Commission expires: Jan. 12 1957	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Mrs. John L. Jones	Date Issued: 10-17-55	Date Orig. Entry:
Class* B	Date of Birth: December 8, 1900	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Mrs. John L. Jones	Name of Father: John L. Jones	
SUPPORTING RECORD 2.	Type of Document: license affidavit for marriage		By whom issued and signed: STATE OF IDAHO COUNTY OF ONEIDA	Date Issued: 10-17-55	Date Orig. Entry: November 15, 1920
Class B	Date of Birth: 19 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate		By whom issued and signed: STATE OF IDAHO #94925	Date Issued:	Date Orig. Entry: child born Sept. 8, 1921
Class B	Date of Birth: 20 years old	Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Benson	bw Betty Waller	November 17 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

219-116-003-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1087
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Allen Nephi Barker
2. Date of Birth (month) (day) (year): Dec. 16 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lund Idaho Bannock
b. City or Town of Birth: Lund

FATHER

6. Full Name of Father: John Thomas Huby Barker
7. State or Country of Father's Birth: Ogden Utah

MOTHER

8. Full Maiden Name of Mother: Christina Albertina Johnson
9. State or Country of Mother's Birth: Vingoker Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: A N Barker

11. Present Address of Registrant: 8727-S.E. Cornwell Ave.

NOTARY (Seal)

Subscribed and sworn to before me on: December 8, 1955 19

12. Signature of Notary: Agnes B. Imel

13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES MAY 5, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	CHURCH RECORD	L.D.S. CHURCH	10-11-55	entered on record Feb. 3 1901
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 16 1900 / Lund, Idaho Bannock County	CHRISTINA ALBERTINA JOHNSON	JOHN T. H. BARKER	
SUPPORTING RECORD 2. Class B	CENSUS RECORD	DEPARTMENT OF COMMERCE Bureau of the Census	11-29-55	Census of 1920 January 1
	19 years old / Idaho	ALBERTINA A. BARKER		
SUPPORTING RECORD 3. Class B	SOCIAL SECURITY RECORD	TREASURY DEPARMENT Internal Revenue Service		November 27 1936
	December 16, 1900 / Lund, Idaho	Tina Johnson	John Thomas Huby Barker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	December 15 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 15 1955

395-207-028-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1094
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecilia Ann Tierney
2. Date of Birth (month) (day) (year): Sept. 7, 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth: Troy, Idaho — a. County: Latah — b. City or Town of Birth:

FATHER

6. Full Name of Father: Jerome Peter Tierney
7. State or Country of Father's Birth: Thorndreek, Washington

MOTHER

8. Full Maiden Name of Mother: Nora Butler
9. State or Country of Mother's Birth: Pittsburg, Penna.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ann Speece
11. Present Address of Registrant: 150 Haight Street

NOTARY (Seal)

Subscribed and sworn to before me on DEC 13 1955 19___

NOTARY PUBLIC in and for the City and County of San Francisco, State of California

12. Signature of Notary: [illegible]
13. Notary Commission expires: My Commission Expires Oct. 19, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	CHURCH RECORD	ST. MARY'S CHURCH Genesee, Idaho	9-28-55	baptized Nov. 5, 1900
Class* A	Date of Birth: September 7, 1900 — Birth Place: Troy, Idaho	Full Name of Mother: Nora Butler	Name of Father: Jerome Tierney	
SUPPORTING RECORD 2.	affidavit by aunt	MARY A. COOK	11-10-55	
Class B	Date of Birth: September 7, 1900 — Birth Place: Troy, Idaho	Full Name of Mother: Nora Butler	Name of Father: Jerome Tierney	
SUPPORTING RECORD 3.	statement re insurance record	PRUDENTIAL INSURANCE CO. Los Angeles #M9 914 513	11-21-55	applied Jan. 22, 1947
Class B	Date of Birth: September 7, 1900 — Birth Place: Troy, Idaho	Full Name of Mother: Nora Butler	Name of Father: Jerome Tierney	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	December 19 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. District No.

DEC 20 1955

Registrar's File Name of Child

Florence Anne Fierney

Date of Birth (Month) (Day) (Year)

Sept. 7, 1900

Sex: Female

Place of Birth: Troy, Idaho County: Latah

City or Town of Birth

Full Name of Father: Florence Peter Fierney

State or Country of Father's Birth: Tacoma, Washington

Full Maiden Name of Mother: Nora Butler

State or Country of Mother's Birth: Pittsburg, Pennsylvania

Affidavit: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Present Address of Registrant: 150 Haight Street

Subscribed and sworn to before me on

Signature of Notary

Notary Commission expires

SUPPORTING RECORD 1

Type of Document: Church Record

By whom issued and signed: St. Mary's, Grangeville, Idaho

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Affidavit by author

By whom issued and signed: [illegible]

Date Issued: 11-1-55

Date Orig. Entry: [illegible]

Date of Birth: September 7, 1900

Birth Place: Troy, Idaho

Full Name of Mother: Nora Butler

Name of Father: Florence Fierney

SUPPORTING RECORD 3

Type of Document: Baptismal Record

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: September 7, 1900

Birth Place: Troy, Idaho

Full Name of Mother: Nora Butler

Name of Father: Florence Fierney

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (real)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: December 19, 1955

Class A Records are those made on date before the Registration Form Bluebody.
Class B Records are those made after the Form Bluebody but are at least [illegible] old.

249-113-001-289

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-056
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARTIN LEO SMITH
2. Date of Birth (month) (day) (year): FEBRUARY 13 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: EAGLE Ada
b. City or Town of Birth: EAGLE

FATHER

6. Full Name of Father: MARTIN LUTHER SMITH
7. State or Country of Father's Birth: LATHAM MISSOURI

MOTHER

8. Full Maiden Name of Mother: OLIVE ELIZABETH SHRADER
9. State or Country of Mother's Birth: MILAN MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martin Leo Smith
11. Present Address of Registrant: HOTEL KAMPA IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 3rd 1956
12. Signature of Notary: Geo A Dixon
13. Notary Commission expires: Feby 15 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Division of Vital Statistics State of Idaho #215892	Sept.28,1933	Sept.28, 1933
Class* B	Date of Birth: Age 33 / Birth Place: Eagle, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit-Friend of Family	Geo A. Dixon-Notary Public Blanche Van Slyke	Jan.3,1956	Jan. 3, 1956
Class B	Date of Birth: Feby 13,1900 / Birth Place: Eagle, Idaho	Full Name of Mother: Olive Elizabeth Shrader	Name of Father: Martin Luther Smith	
SUPPORTING RECORD 3.	Insurance Policy	By whom issued and signed: Denver, Colo. Capitol Life Insurance Co.	Oct.24,1928	Nov. 5, 1928
Class B	Date of Birth: Feb. 13,1900 / Birth Place: Eagle, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Verna Reisch	January 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JAN 16 1956

243-217-029-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-101~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lelah-Virginia-Buchner
2. Date Of Birth (month) MAY (day) 17 (year) 1900
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: Latah
b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: William Frank Buchner
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Jennie ELLora Patterson
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Lelah Virginia Buchner Happy
11. Present Address of Registrant: 2937-S.E. Waverleigh-St. Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 17 1956

12. Signature of Notary: William P. Long
13. Notary Commission expires: May 8 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	SON'S BIRTH CERTIFICATE	STATE OF IDAHO #95745	6-5-42	child born Oct. 7, 1921
Class* B	Date of Birth: 21 years old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	SOCIAL SECURITY RECORD	TREASURY DEPARTMENT Internal Revenue Service	Date Issued	Date Orig. Entry: signed Aug. 8, 1938
Class B	Date of Birth: May 17 1900 / Birth Place: Kendrick Idaho	Full Name of Mother: Jennie E. Patterson	Name of Father: William Frank Buchner	
SUPPORTING RECORD 3.	FAMILY RECORD	photostatic copy of record viewed by this office-Div. of	Date Issued	Date Orig. Entry
Class B	Date of Birth: May 17 1900 / Birth Place	Full Name of Mother: Vital Statistics Jennie E. Patterson	Name of Father: William F. Buchner	

QUALIFYING INFORMATION

AFFIDAVIT BY DAUGHTER OF ATTENDANT AT BIRTH — DAISY CAMPBELL Tacoma, Washington — issued 1-3-56 — birth date: May 17, 1900 birthplace: Latah County, Idaho

REGISTRAR'S CERTIFICATION (seal)

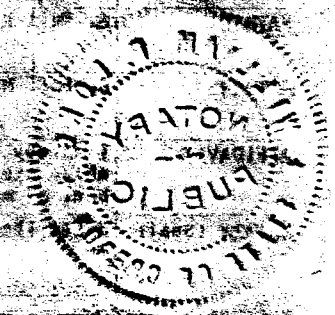
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 Copy



113-201-035-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-160
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eula C. Jackson			2. Date of Birth: November 1, 1900	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Cameron, Idaho	
FATHER	6. Full Name of Father: Lewis Cass Jackson			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Susan Rebecca King			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eula C. Zimmerman	11. Present Address of Registrant: Route 1, Box 226 Hubbard, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 20, 1955 My Comm. Expires: 8-22-57		12. Signature of Notary: [illegible]	13. Notary Commission expires: August 22, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by friend of family		By whom issued and signed: COLUMBIA C. HEPLER	Date Issued: 12-20-55	Date Orig. Entry:
	Date of Birth: November 1, 1900	Birth Place: Cameron, Idaho Nez Perce County	Full Name of Mother: Susan Rebecca King Jackson	Name of Father: Lewis Case Jackson	
SUPPORTING RECORD 2. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #228949	Date Issued:	Date Orig. Entry: child born Jan 26, 1935
	Date of Birth: 34 years old	Birth Place: Cameron, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: SOCIAL SECURITY RECORD 541 28 1034		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: October 25 1943
	Date of Birth: November 1 1900	Birth Place: Cameron, Idaho Nez Perce County	Full Name of Mother: Susan R. King	Name of Father: Lewis Cass Jackson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 20 1950

FEB 20 1950

795-217-035-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-179
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Eloise Green			2. Date of Birth: August 17 1900	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: John Green			7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Amy Alice Russell			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Kathryn Eloise (Green) (Wright) Hill	11. Present Address of Registrant: Thiessen Block, Apt. 3 Lewiston, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 1 19 55		12. Signature of Notary: E. D. Stellman	13. Notary Commission expires: Dec. 17 19 56	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #115627	Date Issued: 11-3-55	Date Orig. Entry: child born Sept. 6, 1923
	Date of Birth: 23 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY FRIEND OF FAMILY		By whom issued and signed: MRS. VIOLA M. OLIN Culdesac, Idaho	Date Issued: 11-8-55	Date Orig. Entry:
	Date of Birth: August 17 1900	Birth Place: Lewiston, Idaho	Full Name of Mother: Amy Alice Russell Green	Name of Father: John Green	
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: OHIO NATIONAL LIFE INSURANCE CO., Cincinnati, Ohio #309104	Date Issued:	Date Orig. Entry: August 8 1941
	Date of Birth: August 17 1900	Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: February 23 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DPH 49067

CERTIFICATE OF DEATH

STATE OF IDAHO

249-21-029-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-228
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARRIE OLIVE SMITH			2. Date of Birth: (month) JULY (day) 11 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: Latah	b. City or Town of Birth: at home in country	
FATHER	6. Full Name of Father: Charles Simeon Smith			7. State or Country of Father's Birth: Freemont County, Iowa	
MOTHER	8. Full Maiden Name of Mother: Lydia Emaline Comer			9. State or Country of Mother's Birth: Edgar County, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carrie Olive Smithwood		11. Present Address of Registrant: LEWISTON, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1956	12. Signature of Notary: Jerry V. Smith		13. Notary Commission expires: May 1 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 8-18-55	Date Orig. Entry: Census of 1920 January 1
	Date of Birth: 19 years old	Birth Place: Idaho	Full Name of Mother: Lydia E. Smith	Name of Father: Charles S. Smith
SUPPORTING RECORD 2. Class B	Type of Document: #519 - 28 - 1411 SOCIAL SECURITY RECORD	By whom issued and signed: TREASURY DEPARTMENT INTERNAL REVENUE SERVICE	Date Issued:	Date Orig. Entry: May 10 1945
	Date of Birth: July 11 1900	Birth Place: Latah County Idaho	Full Name of Mother: Lydia Emaline Comer	Name of Father: Charles Simeon Smith
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY UNCLE	By whom issued and signed: JOHN A. COMER San Forenzo, California	Date Issued: 11-8-55	Date Orig. Entry:
	Date of Birth: July 11 1900	Birth Place: Latah County Idaho	Full Name of Mother: Lidia Emaline Comer	Name of Father: Charles Simeon Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: March 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 8 1956

469-207-001-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Cornelia Morden		2. Date of Birth (month) July (day) 7 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada ~~Idaho~~	b. City or Town of Birth: Meridien
FATHER	6. Full Name of Father: James Morden		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Cornelia Louise Barnes		9. State or Country of Mother's Birth: Idaho, Ada County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Cornelia Morden (Mrs. Gibbon)	11. Present Address of Registrant: FERNLEE, ONTARIO Canada	
NOTARY (Seal)	Subscribed and sworn to before me on: March 5th 1956	12. Signature of Notary: Clifford E. Boyd	13. Notary Commission ~~expires~~ is: during pleasure. 19-	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: #G 46097 CERTIFICATE OF MARRIAGE	By whom issued and signed: THE UNITED CHURCH OF CANADA Little Current, Ontario	Date Issued: 1-13-56	Date Orig. Entry: married May 1, 1935
	Date of Birth: 34 years old	Birth Place: Ada County Idaho	Full Name of Mother: Cornelia Louise Barnes	Name of Father: James Morden
SUPPORTING RECORD 2. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: LONDON LIFE INSURANCE COMPANY #137678	Date Issued:	Date Orig. Entry: April 10 1926
	Date of Birth: July 7 1900	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY AUNT	By whom issued and signed: MARIE BARNES WILLIAMS Boise, Idaho	Date Issued: 2-28-56	Date Orig. Entry:
	Date of Birth: July 7 1900	Birth Place: Merdian, Idaho Ada County	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: Betty Waller	Date Filed: March 13, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 13 1950

1. Registrant's Full Name of Birth: Cornelia Norden	2. Date of Birth (month) (day) (year): July 2 1900
3. Color or Race: White	4. Sex: Female
5. Place of Birth: Ada	6. County: Ada
7. Full Name of Father: James Norden	7. State or Country of Father's Birth: Canada
8. Full Maiden Name of Mother: Cornelia Louise Barnes	9. State or Country of Mother's Birth: Idaho, Ada County

APPROVAL: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]

11. Present Address of Registrant: FERNLEE, ONTARIO Canada

Subscribed and sworn to before me on: [illegible]

12. Signature of Notary: [signature]

13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible], Ontario	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

RECORDS CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	March 14, 1950

Class A Records are those made and dated before the registration [illegible]
Class B Records are those made after the fourth birthday [illegible]

168-211-032-853

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-262
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Bernice Catherine Johnston			2. Date of Birth (month) JUNE (day) 11 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Idaho / Lincoln	b. City or Town of Birth: Shoshone	
FATHER	6. Full Name of Father: John Burke Johnston			7. State or Country of Father's Birth: Mexico City, Missouri	
MOTHER	8. Full Maiden Name of Mother: Nellie Grace Hill			9. State or Country of Mother's Birth: Fairfield, Jefferson Co., Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice B Shanks		11. Present Address of Registrant: 1809 SE Hawthorne, Portland Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1956	12. Signature of Notary: Henry A. Aleman		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires March 28, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: NELLIE GRACE JOHNSTON	Date Issued: 10-25-55	Date Orig. Entry
Class* B	Date of Birth: June 11 1900	Birth Place: Shoshone Idaho	Full Name of Mother: Nellie Grace Hill	Name of Father: John Burke Johnston	
SUPPORTING RECORD 2.	Type of Document: 519-05-8952 SOCIAL SECURITY RECORD		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued	Date Orig. Entry: signed June 3, 1937
Class B	Date of Birth: June 6 1911	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF CALIFORNIA Bureau of Vital Statistics	Date Issued: 2-29-56	Date Orig. Entry: child born October 8, 1928
Class B	Date of Birth: 28 years old	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

689-220-020-55

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

RECEIVED
APR 15 1955
Division of Vital Statistics

State File No. De56-298
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Minnie Pearl White
2. Date of Birth: (month) 7- (day) 20 (year) -1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: William Sylvester White
7. State or Country of Father's Birth: Vermont

MOTHER

8. Full Maiden Name of Mother: Louisa Fredicka ~~Engel~~
9. State or Country of Mother's Birth: Saint Louis

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Minnie M. Brown
11. Present Address of Registrant: Aree, Idaho

NOTARY (Seal): Seal

Subscribed and sworn to before me on: April 5 1955

12. Signature of Notary: Hazel Clendenen
13. Notary Commission expires: Justice of the Peace 56 Dec. 31

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	Missionary District of Idaho Bishop's Office, Boise, Idaho		Baptized Feb. 1, 1914
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 20, 1900, Mountain Home, Ida.	Louisa F. White	William S. White	
SUPPORTING RECORD 2. Class B	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: MOUNTAIN HOME PUBLIC SCHOOLS Mountain Home, Idaho	Date Issued: 6-11-55	Date Orig. Entry: entered 1916
	Date of Birth / Birth Place: July 20 1900	**Full Name of Mother**: Mrs. W. S. White	**Name of Father**	
SUPPORTING RECORD 3. Class B	Type of Document: FAMILY RECORD	By whom issued and signed: original record viewed by this office	Date Issued: obviously old with no alterations	
	Date of Birth / Birth Place: July 20 1900, Mountain Home, Idaho Elmore County	**Full Name of Mother**: Louisa F. Engel	**Name of Father**: William S. White	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	March 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 22 1956

662-123-028-464

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-344
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: ROBERT HAROLD FOSTER			2. Date of Birth (month) DECEMBER (day) 23 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO KOOTENAI	b. City or Town of Birth: LANE	
FATHER	6. Full Name of Father: Robert Allen Foster			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Lora Eller Modlin			9. State or Country of Mother's Birth: Norris City, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Harold Foster		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: FEB 21 1956 19	12. Signature of Notary: C.A. Rubsford		13. Notary Commission expires: January 18 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: LORA E. JACKSON Everett, Washington		Date Issued: 1-20-56	Date Orig. Entry
Class* B	Date of Birth: December 23, 1900	Birth Place: Lane, Idaho Kootenai County	Full Name of Mother: Lora Eller Modlin		Name of Father: Robert Allen Foster
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 539-20-2235	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service		Date Issued	Date Orig. Entry: signed Aug. 20, 1942
Class B	Date of Birth: December 23 1900	Birth Place: Lane, Idaho Kootenai County	Full Name of Mother: Lora Ella Modlin		Name of Father: Robert Allen Foster
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION #7838		Date Issued	Date Orig. Entry: September 26 1939
Class B	Date of Birth: December 23, 1900	Birth Place: Idaho	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. J. Benson	bw Betty Waller	April 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

693-206-006-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-348
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margrit Emmeline Wilson
2. Date of Birth (month) 12 (day) 6 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Bingham; b. City or Town of Birth: Woodville Idaho

FATHER

6. Full Name of Father: Jasper Clinton Wilson
7. State or Country of Father's Birth: Davis County, Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Kerr
9. State or Country of Mother's Birth: Westelder Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margrit Emmeline Wils
11. Present Address of Registrant: Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 2nd 1956

12. Signature of Notary: V. F. Stratton
13. Notary Commission expires: June 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	SON'S BIRTH CERTIFICATE	STATE OF IDAHO #124177		child born Aug. 24, 1924
	Date of Birth 23 years old	**Birth Place** Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	CHURCH RECORD	L.D.S. CHURCH Woodville, Idaho		baptized July 1, 1910
	December 6 1900	Woodville, Idaho Bingham County	Lizzie Kerr	Jasper Willson
SUPPORTING RECORD 3. Class B	AFFIDAVIT BY FRIEND OF FAMILY	NANCY A. MATHEWS Shelley, Idaho	4-2-56	
	December 1900	Woodville Idaho	Elizabeth Kerr	Jasper Clinton Wilson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	April 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 10 1959

713-223-036-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-379
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Della Palmer
2. Date of Birth (month) (day) (year): January 23 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Malad Oneida
b. City or Town of Birth: Malad Oneida Idaho

FATHER

6. Full Name of Father: William H Palmer
7. State or Country of Father's Birth: Malad Idaho

MOTHER

8. Full Maiden Name of Mother: Catharine Jones Palmer
9. State or Country of Mother's Birth: Malad Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Della Palmer
11. Present Address of Registrant: 1812 Lemp Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 10, 1956
12. Signature of Notary: J. Ray Durtschi
13. Notary Commission expires: Feb. 3, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family and Temple Record	Catharine Jones-Mother	Viewed original record. Obviously old.	
Class* A	**Date of Birth** / **Birth Place**: Jan.23,1900 Malad City, Idaho	**Full Name of Mother**: Catherine Jones	**Name of Father**: William H. Palmer	
SUPPORTING RECORD 2.	Certificate of Baptism Church Record	R.A.Melander-Ward Clerk L.D.S.Church-Boise, Idaho	Apr.8,1956	Oct.3, 1909
Class B	Jan.23,1900 Malad, Idaho	Catherine Jones	William H. Palmer	
SUPPORTING RECORD 3.	Insurance Policy	Idaho Mutual Benefit Assoc.	6-28-1949	June 28, 1949
Class B	Jan.23,1900 Malad, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beeman	Verna Reisch	April 10,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0063

253-118-014-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-384
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JASON ROY KELLEY
2. Date Of Birth: (month) December (day) 18 (year) 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Harry Emerson Kelley
7. State or Country of Father's Birth: Emmett, Idaho

MOTHER

8. Full Maiden Name of Mother: Phoeba Ann Lewis
9. State or Country of Mother's Birth: Oronogo, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy Kelley
11. Present Address of Registrant: 4408 Callahan Dr Bremerton Wn

NOTARY (Seal)

Subscribed and sworn to before me on: March 22 1956
12. Signature of Notary: Donna Abel
13. Notary Commission expires: July 15 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by father	By whom issued and signed: Harry Emerson Kelley	Date issued: 3-18-42	Date Orig. Entry:
	Date of Birth: December 18, 1900 / Birth Place: Emmett, Idaho Canyon County	Full Name of Mother: Phoeba Ann Lewis	Name of Father: Harry Emerson Kelley	
SUPPORTING RECORD 2. Class B	Type of Document: MILITARY RECORD	By whom issued and signed: UNITED STATES NAVY	Date issued:	Date Orig. Entry: discharged January 2, 1931
	Date of Birth: December 18, 1900 / Birth Place: Emmett Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: CITY OF SEATTLE, WASHINGTON VOL. 1941 No. 3657	Date issued:	Date Orig. Entry: child born July 2, 1941
	Date of Birth: 40 years old / Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beeman	bw Betty Waller	April 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DERIVED CERTIFICATE OF BIRTH

414-221-008-141

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-427
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine Louise Maulding
2. Date of Birth (month) Nov (day) 21 (year) 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Placerville, Idaho

FATHER

6. Full Name of Father: Charles Albert Maulding
7. State or Country of Father's Birth: Salem, Iowa

MOTHER

8. Full Maiden Name of Mother: Alma Adams
9. State or Country of Mother's Birth: Carlinville, Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katherine L. Anderson
11. Present Address of Registrant: 318 S. Lafayette Denver Colo.

NOTARY (Seal)

Subscribed and sworn to before me on April 9 1956

12. Signature of Notary: Marion Bailey
Notary Public

13. Notary Commission expires: September 2 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Idaho State File #105323	Sept.22,1922	Sept. 22,1922
Class* B	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Certificate of Baptism	Harvey H. Newman Methodist Episcopal Church	Feb.27,1903	Feb. 27,1903
Class B	Date of Birth: Nov.21,1900 / Birth Place:	Full Name of Mother: Alma Maulding	Name of Father: Ch. A. Maulding	
SUPPORTING RECORD 3.	Social Security Record	Treasury Department Internal Revenue Service	8-21-39	3-21-39
Class B	Date of Birth: Nov.21,1900 / Birth Place: Placerville,Ida.	Full Name of Mother: Alma Adams	Name of Father: Charles Albert Maulding	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	April 24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH-H0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Bldg. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

APR 25 1956

REGISTRATION — 1. Registrant's Full Name at Birth — 2. Date of Birth (Month) (Day) (Year)

Person whose Birth is being registered — 3. Color or Race — 4. Sex — 5. Place of Birth (Country) — 6. Family or Town of Birth

FATHER — 6. Full Name of Father — 7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief — 10. Signature of Registrant — 11. Present Address of Registrant

Notary (Seal) — 12. Sworn and Subscribed to before me — 13. Signature of Notary — 14. Notary Commission expires

[illegible] — [illegible] — September 2 19[illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1 — Type of Document: [illegible] — By Whom Issued and Signed: Bureau of Vital Statistics, Idaho State Pub. Hlth. — Date Issued: Sept. 22, 1922 — Date Orig. Entry: Sept. 22, 1922

Date of Birth: [illegible] — Birth Place: [illegible] — Full Name of Mother: [illegible] — Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 2 — Type of Document: Certificate of Baptism — By Whom Issued and Signed: [illegible] — Date Issued: Feb. 2, 1923 — Date Orig. Entry: Nov. 22, 1923

Date of Birth: [illegible] — Birth Place: [illegible] — Full Name of Mother: [illegible] — Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 3 — Type of Document: Social Security Issued — By Whom Issued and Signed: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Date of Birth: Nov. 21, 1900 — Birth Place: [illegible] — Full Name of Mother: [illegible] — Name of Father: [illegible]

Class: [illegible]

QUALIFYING INFORMATION

AFFIDAVIT & CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar — Evidence Reviewed by: Verna [illegible] — Date Filed: April 24, 1956

[illegible]

142-119-006-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-449
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALVIN D. JUST			2. Date of Birth: DECEMBER 19 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: IDAHO BINGHAM	b. City or Town of Birth: PRESTO
FATHER	6. Full Name of Father: James Just			7. State or Country of Father's Birth: Idaho Territory U.S.A.
MOTHER	8. Full Maiden Name of Mother: Crilla Carson			9. State or Country of Mother's Birth: Utah Territory U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvin D. Just	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1956		12. Signature of Notary: Vera Belnap	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: CRILLIA JUST Blackfoot, Idaho	Date Issued: 3-3-56	Date Orig. Entry:
Class* B	Date of Birth: December 19, 1900	Birth Place: Presto, Idaho Bingham County	Full Name of Mother: Crillia Just	Name of Father: James Just	
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR MARRIAGE LICENSE		By whom issued and signed: STATE OF IDAHO County of Bingham	Date Issued: 13-25-56	Date Orig. Entry: sworn Nov. 25, 1925
Class B	Date of Birth: 24 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: SON'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #155809	Date Issued:	Date Orig. Entry: child born Oct. 29, 1927
Class B	Date of Birth: 27 years old	Birth Place: Bingham County Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: bw Betty Waller	Date Filed: April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 3 0 1956

437-103-001-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-464
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Raymond McGrath
2. Date of Birth (month) (day) (year): June 3 1900
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Idaho Ada
b. City or Town of Birth: Star

FATHER

6. Full Name of Father: John Henry McGrath
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Maggie Luella Hollingshead
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Raymond McGrath
11. Present Address of Registrant: Eagle, Idaho. Rt. 1

NOTARY (Seal)

Subscribed and sworn to before me on: May 7, 1956
12. Signature of Notary: Mary Strode
13. Notary Commission expires: 9-6-1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Idaho State File #253583	Apr. 4,1937	April 4, 1937
Class* B	Date of Birth: Age 36 / Birth Place: Star, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Department of Commerce Wash. Bureau of the Census D.C.	Dec.7,1955	January 1 1920 Census
Class B	Date of Birth: Age 19 / Birth Place	Full Name of Mother: Maggie McGrath	Name of Father: John H. McGrath	
SUPPORTING RECORD 3.	Insurance Policy	Salt Lake City, Utah Pacific National Life Assurance	Jan. 30,1930	Jan. 30,1930
Class B	Date of Birth: June 3,1900 / Birth Place: Star, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	May 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

15-4-110-016-962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-526
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver Irvin Anderson		2. Date of Birth (month) (day) (year): Sept. 10 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Richard Pierce Anderson		7. State or Country of Father's Birth: Bentinville, Ark.
MOTHER	8. Full Maiden Name of Mother: Lillie Evelyn Robbins		9. State or Country of Mother's Birth: Albion, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver Irvin Anderson	11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 19 55	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 3 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: LILLIE EVELYN ANDERSON		Date Issued: 9-8-55	Date Orig. Entry:
Class* B	Date of Birth: September 10, 1900	Birth Place: Albion, Idaho Cassia County	Full Name of Mother: Lillie Evelyn Robbins	Name of Father: Richard Pierce Anderson	
SUPPORTING RECORD 2.	Type of Document: Selective Service record	By whom issued and signed: State Headquarters for Selective Service, Boise		Date Issued: 5-16-56	Date Orig. Entry: registered Feb. 16, 1942
Class B	Date of Birth: September 10, 1900	Birth Place: Albion Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Commercial Travelers Insurance Co. #7 TYB 41070		Date Issued:	Date Orig. Entry: applied Nov. 3, 1949
Class B	Date of Birth: September 10, 1900	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: I. J. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: May 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 21 1956

CHILD

1. Full name of child: Baby Boy Medgeson

2. Sex: Male

3. Date of birth: September 10, 1956

4. Place of birth: Idaho

5. County of birth: Bear Lake

6. City or town of birth: Montpelier

7. Name of hospital or institution: Home

8. If not in hospital or institution, give street address or location: Montpelier, Idaho

FATHER

9. Full name: Lawrence Medgeson

10. Color or race: White

11. Age at last birthday: 28

12. Birthplace (State or foreign country): Idaho

13. Occupation: Farmer

MOTHER

14. Full maiden name: Lillie Nelson Medgeson

15. Color or race: White

16. Age at last birthday: 25

17. Birthplace (State or foreign country): Idaho

18. Occupation: Housewife

AFFIDAVIT

Before (Deputy) (Notary) appeared the above named informant, who, being duly sworn, deposes and says that the statements made above are true to the best of his knowledge and belief.

Signature of Informant: Lillie Nelson Medgeson

Address of Informant: Montpelier, Idaho

SUBSCRIBED AND SWORN TO before me on September 12, 1956

Signature of Notary: [illegible]

Commission expires: January 3, 1958

ATTENDANT — DO NOT WRITE BELOW THIS LINE

Type of Delivery: SPONTANEOUS

Place of Birth: Home

Name of Attendant: LILLIE NELSON MEDGESON

Date Signed: Sept. 12, 1956

Name of Father: Lawrence Medgeson

Date Filed: Sept. 12, 1956

REGISTRAR

I hereby certify that the foregoing birth certificate has been filed in the Division of Vital Statistics for this registration district and that documentary evidence has been presented which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence submitted: Baby Weight

Date Filed: May 21, 1956

Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 are required from informant.

Items 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58,

743-120-030-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-545
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Lionel Gutzman			2. Date Of Birth: (month) March (day) 20 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Salmon City a. County: Lemhi	b. City or Town of Birth: Salmon City	
FATHER	6. Full Name of Father: John William Gutzman			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Annie Miller			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Lionel Gutzman		11. Present Address of Registrant: Box 524, Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1956	12. Signature of Notary: Charles Hendon		13. Notary Commission expires: February 14 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Annie Miller Gutzman Salmon, Idaho		Date Issued: 4-30-56	Date Orig. Entry:
Class* B	Date of Birth: March 20 1900	Birth Place: Salmon, Idaho Lemhi County	Full Name of Mother: Annie Miller Gutzman	Name of Father: John William Gutzman	
SUPPORTING RECORD 2.	Type of Document: statement re voting registration	By whom issued and signed: W. W. SIMMONS, Ex-Officio Auditor, Lemhi Co., Ida.		Date Issued: 3-29-56	Date Orig. Entry: registered July 13, 1926
Class B	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: New York Life Insurance Co.		Date Issued:	Date Orig. Entry: applied May 19, 1928
Class B	Date of Birth: March 20 1900	Birth Place: Salmon Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

165-217-036-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-584
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ellen Jones
2. Date of Birth: (month) Dec. (day) 17 (year) 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Oneida Co. Idaho; b. City or Town of Birth: Malad City,

FATHER

6. Full Name of Father: David Evans Jones
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Catherine Evans Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Williams
11. Present Address of Registrant: 4711 Brand St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on May 29 1956

12. Signature of Notary: Nancy A. Waymire
13. Notary Commission expires: Aug 21, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License	State of Idaho Ada County	Sept.13,1947	Sept. 13,1947
Class* B	Date of Birth / Birth Place: Age 46 / Malad City, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Mother	Catherine Evans Jones-Mother	Apr.3,1956	Apr.3,1956
Class B	Dec. 17,1900 / Malad City, Idaho	Catherine Evans Jones	David Evans Jones	
SUPPORTING RECORD 3.	Insurance Policy	Boise, Idaho Security State Life Ins.	Aug.31,1943	Aug. 31,1943
Class B	Dec.17,1900 / Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna R. Reisch	May 31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

MAY 31 1956

MAY 2 81969

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713-103-029-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-587
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Andy Galloway
2. Date Of Birth (month) (day) (year): November 3 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho — Latah
b. City or Town of Birth: Alexander

FATHER

6. Full Name of Father: Alexander Galloway
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Kate Baker
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Andy Galloway.
11. Present Address of Registrant: Kendrick, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 18 1956
12. Signature of Notary: Robert E. Magnuson
13. Notary Commission expires: December 9 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	AFFIDAVIT BY MOTHER	November 3 1900	Alexander, Idaho Latah County	KATE GALLOWAY Kendrick, Idaho	Kate Baker	2-18-56	Alexander Galloway	
SUPPORTING RECORD 2. Class B	lodge record	November 3, 1900		Independance of Odd Fellows Kendrick Lodge #37				admitted July 7, 1923
SUPPORTING RECORD 3. Class B	driver's license	November 3, 1900		State of Idaho #50185				issued July 8, 1943

QUALIFYING INFORMATION

Affidavit signed by Mother of Registrant

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beamon	bw Betty Waller	June 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR: 1. Registrant's Full Name of Birth: [illegible] Galloway
2. Date of Birth: November 3, 1900
3. Sex: [illegible] 4. Place of Birth: Idaho County: Idaho
5. City or Town of Birth: Alexander
6. Full Name of Father: Alexander Galloway
7. State or Country of Father's Birth: Missouri
8. Full Maiden Name of Mother: Kate Baker
9. State or Country of Mother's Birth: Michigan
10. Present address of Registrant: Kendrick, Idaho
11. Signature of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (seal): Subscribed and sworn to before me on [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
AFFIDAVIT [illegible]	[illegible] Kendrick, Idaho	[illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]	Kate Baker	[illegible]	

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Lodge Record	Independence of Odd Fellows Kendrick Lodge [illegible]		Admitted July 7, 1923
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
November 3, 1900			

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Driver's License	State of Idaho #50385		Issued July 8, 1949
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
November 3, 1900			

QUALIFYING INFORMATION: Affidavit signed by Mother of Registrant

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that duplicate evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	June 4, 1956

Classes [illegible] those made and dated before the registrant's fourth birthday.
Classes [illegible] those made after the fourth birthday [illegible]

593-217-029-3-9

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-605
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Tressie Bell Vittetoe
2. Date of Birth (month) July (day) 17 (year) 1900
3. Color or Race: White
4. Sex: girl
5. Place of Birth: a. County Troy, Idaho, Latah; b. City or Town of Birth: Troy

FATHER

6. Full Name of Father: Alfred H. Vittetoe
7. State or Country of Father's Birth: Tenn. U.S.A.

MOTHER

8. Full Maiden Name of Mother: Martha Ann Carter
9. State or Country of Mother's Birth: Okla. U.S.A.

AFFIDAVIT OF REGISTRANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tressie Bell Vinet
11. Present Address of Registrant: Beaverson, Alberta, Canada

NOTARY OR OTHER PUBLIC

Subscribed and sworn to before me on: May 22 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec. 31 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by neighbor of parents
By whom issued and signed: Elmira Woodruff, Lewiston, Idaho
Date Issued: 5-11-56
Date Orig. Entry:

Class* B

Date of Birth: July 17 1900
Birth Place: Troy Idaho
Full Name of Mother: Martha Ann Carter
Name of Father: Alfred Hiram Vittetoe

SUPPORTING RECORD 2.

Type of Document: passport
By whom issued and signed: Canada; American Consul at Calgary, Alberta, Canada
Date Issued:
Date Orig. Entry: September 23, 1944

Class B

Date of Birth: July 17 1900
Birth Place: Troy Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: family record sheet
By whom issued and signed: photostat viewed by this office
Date Issued:
Date Orig. Entry:

Class B

Date of Birth: July 17 1900
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. E. Bannon
Evidence reviewed by: Betty Waller
Date Filed: June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1955

791-204-007-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-614
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRIS GRAHAM			2. Date of Birth (month) JANUARY (day) 4 (year) 1900
	3. Color or Race	4. Sex: female	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: Cary, BLAINE
FATHER	6. Full Name of Father: William David Graham			7. State or Country of Father's Birth: California, Humbolt.
MOTHER	8. Full Maiden Name of Mother: Rowena Scott Decator			9. State or Country of Mother's Birth: Rhode Island.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris Graham Yates		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1956	12. Signature of Notary: Helen M. MacMahon		13. Notary Commission expires: My Commission Expires Jan. 26, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: GRACE GRAHAM YATES, Hayward, California	Date Issued: 3-7-56	Date Orig. Entry:
	Date of Birth: January 4 1900 / Birth Place: Cary, Idaho, Blaine County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: census record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued: 4-30-56	Date Orig. Entry: Census of 1900 June 1
	Date of Birth: January, 1900, 5 months old / Birth Place: Idaho	Full Name of Mother: Rowena S. Graham	Name of Father: William D. Graham	
SUPPORTING RECORD 3. Class B	Type of Document: 565-07-6339 application for Social Security number	By whom issued and signed: Treasury Department, Internal Revenue Service	Date Issued: 4-5-56	Date Orig. Entry: applied Nov. 11, 1936
	Date of Birth: January 4, 1900 / Birth Place: Carey, Idaho	Full Name of Mother: Rowena Scott Decator	Name of Father: William David Graham	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: June 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DEFACED CERTIFICATE OF BIRTH

132-212-044-914

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-626
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Gertrude Ackerman		2. Date Of Birth (month) (day) (year): October 12, 1900
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Washington; b. City or Town of Birth: Salubria
FATHER	6. Full Name of Father: Charles Lennard Ackerman		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Alice Anna Rambo		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Minnie Gertrude Bonello	11. Present Address of Registrant: PORTLAND, OREGON 2021 S.E. 96 AVE.
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 1 1956	12. Signature of Notary	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires August 9, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by older sister	By whom issued and signed: Bertha Amburgey	Date Issued: 5-31-56	Date Orig. Entry:
Class* B	Date of Birth: October 12, 1900 / Birth Place: Selubria, Idaho Washington Co.	Full Name of Mother: Alice Anna Rambo	Name of Father: Charles L. Ackerman	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Washington State Board of Health #5056	Date Issued: 6-1-56	Date Orig. Entry: married Oct. 9, 1920
Class B	Date of Birth: 19 years old / Birth Place: Idaho	Full Name of Mother: Anna Otto	Name of Father: Charles Ackerman	
SUPPORTING RECORD 3.	Type of Document: statement re insurance record	By whom issued and signed: United of Omaha Omaha, Nebraska	Date Issued: 6-6-56	Date Orig. Entry: applied June 17, 1947
Class B	Date of Birth: October 12, 1900 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Denson	Betty Waller	June 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

575-11-028-659

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-684
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ARTHUR EGE.			2. Date of Birth (month) Feb. (day) 11 (year) 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: KOOTENAI	b. City or Town of Birth: COUER D'ALENE.
FATHER	6. Full Name of Father: GEORGE L. EGE.			7. State or Country of Father's Birth: IOWA.
MOTHER	8. Full Maiden Name of Mother: MINNIE E. FERNAN.			9. State or Country of Mother's Birth: GEORGIA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Arthur Ege.		11. Present Address of Registrant: 2219 So. Peralta Ave. Stockton, California.
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1956	12. Signature of Notary: Delpha Mosberry		13. Notary Commission expires: Oct 8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family		By whom issued and signed: Frank Fernan Kellogg, Idaho	Date Issued: 5-23-56	Date Orig. Entry:
Class* B	Date of Birth: February 11, 1900	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Minnie Ella Fernan	Name of Father: George L. Ege	
SUPPORTING RECORD 2.	Type of Document: marriage license		By whom issued and signed: State of California County of Kings	Date Issued:	Date Orig. Entry: married Oct. 20, 1931
Class B	Date of Birth: 31 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate		By whom issued and signed: State of California, Dept of Public Health	Date Issued:	Date Orig. Entry: child born Sept. 6, 1932
Class B	Date of Birth: 32 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

295-216-040-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-705
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENNIE ISABELLE KING			2. Date of Birth (month) JANUARY (day) 16 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: SHOSHONE	b. City or Town of Birth: WALLACE
FATHER	6. Full Name of Father: John Alfred King			7. State or Country of Father's Birth: Port Huron, Michigan
MOTHER	8. Full Maiden Name of Mother: Jennie Hunter			9. State or Country of Mother's Birth: Hunter's Landing, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Isabelle Long		11. Present Address of Registrant: RT. 1 - Box 22-F SCAPPOOSE, ORE
NOTARY (Seal)	Subscribed and sworn to before me on: July 2, 1956	12. Signature of Notary: Fred J Bassell		13. Notary Commission expires: MAY 23 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: JENNIE HUNTER KING St. Helens, Oregon	Date Issued: 5-20-42	Date Orig. Entry:	
	Date of Birth: January 16, 1900	Birth Place: Wallace, Idaho Shoshone County	Full Name of Mother: Jennie Hunter	Name of Father: John Alfred King	
SUPPORTING RECORD 2. Class B	Type of Document: statement re school record	By whom issued and signed: County of Columbia St. Helens, Oregon	Date Issued: 5-25-56	Date Orig. Entry: school census Nov., 1909	
	Date of Birth: 9 years old	Birth Place:	Full Name of Mother: Mrs. Jennie King	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: daughter's birth certificate	By whom issued and signed: Oregon State Board of Health	Date Issued: 3-25-43	Date Orig. Entry: child born June 6, 1925	
	Date of Birth: 25 years old	Birth Place: Wallace Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

553-210-003-749

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-708
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Frances Nelson			2. Date of Birth: (month) June (day) 10 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Treasureton	
FATHER	6. Full Name of Father: Saren Joseph Nelson			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Almyra Purser			9. State or Country of Mother's Birth: Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruby Frances Nelson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1956		12. Signature of Notary: Grace Bistline	13. Notary Commission expires: Aug. 3 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: daughter's birth certificate		By whom issued and signed: State of Utah	Date Issued:	Date Orig. Entry: child born Jan 9, 1920
Class* B	Date of Birth: 19 years old	Birth Place: Treasureton Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by older sister		By whom issued and signed: Pearl Nelson Barger Pocatello, Idaho	Date Issued: 4-14-56	Date Orig. Entry:
Class B	Date of Birth: June 10 1900	Birth Place: Treasureton, Idaho	Full Name of Mother: Almyra Purser Nelson	Name of Father: Saren Joseph Nelson	
SUPPORTING RECORD 3.	Type of Document: Abstract of Marriage Record		By whom issued and signed: State of Utah County of Cache	Date Issued: 6-16-56	Date Orig. Entry: married Jan. 3, 1917
Class B	Date of Birth: 16 years old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
bw	bw Betty Waller	July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEFAULT CERTIFICATE OF BIRTH

418-217-035-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-710
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Patty Leona Maynard
2. Date of Birth (month) 3 (day) 17 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Nez Perce; b. City or Town of Birth Lenore; Idaho

FATHER

6. Full Name of Father: Thaddeus Theodore Maynard
7. State or Country of Father's Birth: Yamhill Oregon

MOTHER

8. Full Maiden Name of Mother: Maude M. Richardson
9. State or Country of Mother's Birth: Kokomo Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Patricia M. Henderson
11. Present Address of Registrant: Orofino Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 10 1956

12. Signature of Notary: B. H. Bear
13. Notary Commission expires: Jan 1 1957 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	application for Social Security number	March 17, 1900	Lenore, Idaho Nez Perce Co.	Treasury Department Internal Revenue Service	Maude M. Richardson		Theodore Thaddeus Maynard	applied May 10, 1941
SUPPORTING RECORD 2. Class B	school record	March 17, 1900	Idaho	Northern Idaho College of Education, Lewiston		5-24-54		matriculated 1918
SUPPORTING RECORD 3. Class B	affidavit by aunt	March 17 1900	Nez Perce County, Idaho	Pearl R. Standley Lewiston, Idaho	Maude Richardson	7-5-56	Thad T. Maynard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bw Betty Waller
Date Filed: July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 10 1956

635-221-025-134

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-716
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLLIE MAUD OLNEY		2. Date of Birth (month) April (day) 21 (year) 1900
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: WHITE BIRD IDAHO; b. City or Town of Birth: White Bird Idaho.
FATHER	6. Full Name of Father: JOHN CHESTER OLney. OLNEY		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ALVIRA ISABELL ALDRICH		9. State or Country of Mother's Birth: Oregon. Linn Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ollie Maud (Olney) Ivey	11. Present Address of Registrant: Brennan Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1956	12. Signature of Notary: Sam O Hodde	13. Notary Commission expires: Jan 9, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record	By whom issued and signed: original record viewed by this office	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: April 21 1900	Birth Place: White Bird, Idaho Idaho County	Full Name of Mother: Alvira Isabell Olney	Name of Father: John Chester Olney
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by uncle	By whom issued and signed: Joseph Henry Olney Lewiston, Idaho	Date Issued: 4-9-56	Date Orig. Entry:
	Date of Birth: April 21 1900	Birth Place: Whitebird Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: daughter's birth certificate	By whom issued and signed: State of Idaho #59568	Date Issued: 11-8-50	Date Orig. Entry: child born May 28, 1918
	Date of Birth: 18 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

132-210-025-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-773
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MABLE HELEN ACKLEY
2. Date of Birth (month) 6 (day) 10 (year) 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Warren

FATHER

6. Full Name of Father: Daniel Waldo Ackley
7. State or Country of Father's Birth: Midway, Mass.

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Michael
9. State or Country of Mother's Birth: Weiser, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mable Helen Ackley Averesch
11. Present Address of Registrant: 563 Fairview, Nampa, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 7/26 19

12. Signature of Notary: Catherine Newland
13. Notary Commission expires: 7/9 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Child's birth certificate
By whom issued and signed: Idaho State File #374467 Bureau of Vital Statistics
Date Issued: 8 / 9/1937
Date Orig. Entry: Aug. 9,1937
Date of Birth: Age 37
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: Probate Court Record
By whom issued and signed: Canyon County B. R. Riordan-Probate Judge
Date Issued: July 25,1956
Date Orig. Entry: Dec. 29,1927
Date of Birth: Age 27
Birth Place:
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit
By whom issued and signed: Estella Patterson - Aunt
Date Issued: July 26,56
Date Orig. Entry: July 26, 1956
Date of Birth: June 10,1900
Birth Place: Warren, Idaho
Full Name of Mother: Mary Ellen Michael
Name of Father: Daniel Waldo Ackley
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Verna Reisch
Date Filed: July 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Dec-13

Local Reg. No.

Reg. Dist. No.

JUL 27 1958

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

REGISTRAR: 1. Registrant's Full Name at Birth: [illegible] ACKLEY

2. Date of Birth (month) (day) (year): 6 10 1900

3. Color or Race: White

4. Sex: F

5. Place of Birth: Idaho

6. City or Town of Birth: Warren

FATHER: 6. Full Name of Father: Daniel Waldo Ackley

7. State or Country of Father's Birth: Midway, Mass.

MOTHER: 8. Full Maiden Name of Mother: Mary Ellen Michael

9. State or Country of Mother's Birth: Weiser, Idaho

Mother's Signature: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]

11. Present Address of Registrant: 563 Fairview, Nampa, Idaho

Mother (Sex): Subscribed and sworn to before me on 7/26 19

12. Signature of Notary: [signature]

13. Notary Commission expires: [illegible] 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1: Type of Document: Uniform birth certificate

By whom issued and signed: Idaho State File #[illegible] Bureau of Vital Statistics

Date Issued: 5/5/1931

Date Orig. Entry: Aug. [illegible], 1931

Date of Birth: Age 17

Birth Place: Idaho

Full Name of Mother:

Name of Father:

Class: B

SUPPORTING RECORD 2: Type of Document: Juvenile Court Record

By whom issued and signed: Gaurah County, R. R. Fiordan-Probate Judge

Date Issued: July 25, 1956

Date Orig. Entry: Dec. 20, 1924

Date of Birth: Age 27

Birth Place:

Full Name of Mother:

Name of Father:

Class: B

SUPPORTING RECORD 3: Type of Document: Affidavit

By whom issued and signed: [illegible] - Attn.

Date Issued: July 25, 1956

Date Orig. Entry: July 26, 1956

Date of Birth: June 10, 1900

Birth Place: Warren, Idaho

Full Name of Mother: Mary Ellen Michael

Name of Father: Daniel Waldo Ackley

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATION (Date): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which adds, satisfies the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence reviewed by: Verna Reisch

Date Filed: July 26, 1956

Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but [illegible]

155-117-003 -269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-880
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cyrus Leland Jensen
2. Date of Birth: (month) 8 (day) 14 (year) 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Bench

FATHER

6. Full Name of Father: James Peter Jensen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Lena Marie Sorensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cyrus Leland Jensen
11. Present Address of Registrant: Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on AUG 21 1956 19___

12. Signature of Notary: Alvin K. Whitehead
13. Notary Commission expires: 5-17-58 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by midwife	Grace, Idaho Anna Rassmussen	Aug.21,56	
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 17, 1900 / Bench, Idaho	Lena Marie Sorensen	James Peter Jensen	
SUPPORTING RECORD 2.	Family Record	James P. Jensen	Viewedoriginal in this Obviously old. office.	
Class B	August 17, 1900 / Bench, Idaho	Lena Marie Sorensen	James Peter Jensen	
SUPPORTING RECORD 3.	Insurance Policy	Boise, Idaho Idaho mutual benefit	May 9, 1935	
Class B	Aug.17,1900 / Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the f[illegible] at least 5 years old.

AUG 27 1956

866-224-001-279

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-914
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Hoover			2. Date Of Birth (month) Nov (day) 24 (year) 1900
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: 424 5 17 Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Sedgwick Hoover			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Lena Spitzler			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Hoover Jaeger (Viola Jaeger)		11. Present Address of Registrant: 11062 SE 30 Bellevue WASHINGTON
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1956	12. Signature of Notary: Virginia Stuckey		13. Notary Commission expires: July 27 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Son's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #93191	Date Issued: August 31, 1921	Date Orig. Entry	
Class* B	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Washington 25, D.C. Bureauof the Census	Date Issued: Aug.2,1956	Date Orig. Entry: Census of 1910 April 15	
Class B	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Bena Hoover	Name of Father: Sedgwick Hoover	
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: San Francisco, Calif. Metropolitan Life Ins.	Date Issued: June 23,52	Date Orig. Entry: March 4,1940	
Class B	Date of Birth: November 24,1900	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: I. J. Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept. 5,1956		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

SEP 12 1956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex	5. Place of Birth a. County b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible]	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (Delayed)	[illegible] and sworn to before me on 19	12. Signature of Notary 13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

Class A	Type of Document: Son's birth certificate	By whom issued and signed: Idaho File [illegible]	Date Issued: August 31, 1921 — Date Orig. Entry
	Date of Birth / Birth Place: [illegible] Idaho	Full Name of Mother	Name of Father
Class B	Type of Document: Census Record	By whom issued and signed: [illegible] Bureau of the Census	Date Issued: Aug. 2, 1956 — Date Orig. Entry: April 15
	Date of Birth / Birth Place: Aug. 9 Idaho	Full Name of Mother: Vera Hoover	Name of Father: Sedgwick Hoover
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: [illegible] Ins.	Date Issued: June 23, 52 — Date Orig. Entry: March 3, 1940
	Date of Birth / Birth Place: 24, 1900 Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Verna Keisch	Sept. 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

434-228-RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 27 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1002
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Ella McMinn			2. Date Of Birth (month) March (day) 28 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: North Salem a. County: Fremont	b. City or Town of Birth: North Salem	
FATHER	6. Full Name of Father: William McMinn			7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Maria Cox			9. State or Country of Mother's Birth: Streeter, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frances Ella Hope	11. Present Address of Registrant: 906 N 11th Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 4 1956		12. Signature of Notary: Jack A. Stone by Shirley Munn-Dep	13. Notary Commission expires: Elective 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate		By whom issued and signed: Boise, Idaho Idaho File #238198	Date Issued: November 18, 1935	Date Orig. Entry
	Date of Birth: Age35	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Aunt		By whom issued and signed: Gertrude McNee	Date Issued: September 4, 1956	Date Orig. Entry
	Date of Birth: March 28, 1900	Birth Place: North Salem, Idaho	Full Name of Mother: Maria Cox McMinn	Name of Father: William McMinn	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Ins.	Date Issued: Dec. 25, 1922	Date Orig. Entry
	Date of Birth: Age 22	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept. 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

SEP 28 1956

REGISTRANT	1. Registrant's Full Name of Birth: Frances Ella Mc[illegible]	2. Date of Birth (month) (day) (year): March 28 1900
	3. Color or Race: [illegible]	4. City or Town of Birth: North Salem
	5. Place of Birth: [illegible]	6. County: [illegible]
FATHER	7. Full Name of Father: William [illegible]	7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Maria [illegible]	8. State or Country of Mother's Birth: Streator, Illinois
AFFIDAVIT	I hereby declare that the above statement is true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: [illegible]			
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: [illegible]			
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: [illegible]			
CLASSIFYING INFORMATION			

REGISTRAR'S CERTIFICATION

I hereby certify that the [illegible] birth certificate has been [illegible] the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which constitutes the facts as set forth in the foregoing abstract.

Signature: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Sept. [illegible] 1956

[illegible]

249-108-825 814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED OCT 8 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1041
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jesse William Smith
2. Date of Birth: April 8 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Winona Idaho
b. City or Town of Birth: near Winona

FATHER

6. Full Name of Father: Jacob Henry Smith
7. State or Country of Father's Birth: Penn (Penn) Freedom Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Docia Hammer
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jesse William Smith
11. Present Address of Registrant: Oroville Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 15 1955
12. Signature of Notary: Margaret Barker
13. Notary Commission expires: March 10 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance application	MUTUAL BENEFIT LIFE INSURANCE CO. Neward, N.J.		Sept. 11, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 8, 1900	Winona, Idaho	Dorcia E. Smith	

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Washington 25, D. C. Bureau of the Census	July 23,56	Census of 1900 June 1

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 1900	Idaho	Docia E. Smith	Jacob H. Smith

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Nampa, Idaho Grange Mutual Life Co.	September	22, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 8, 1900	Winona, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	bw Verna Wilson	Oct. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 6 1956

415-227-028-132

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1111
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Francis Davis		2. Date of Birth (month) April (day) 27 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho / Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Charles Nelson Davis		7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Grace A. Alkire		9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Francis (Davis) Acton	11. Present Address of Registrant: 933 Eth St Coeur d' Alene, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 22 Oct. 1956	12. Signature of Notary: Ray M. Durbin	13. Notary Public in the State of Idaho residing at Coeur d'Alene, Idaho. ~~My Commission Expires May 19, 1959~~	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #73211	Date Issued: Apr.18,56	Date Orig. Entry: Oct.20,1919
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Lodge Record	By whom issued and signed: Mrs. Estella Barnett-Sec. Queen Esther -Coeur d'Alene	Date Issued: Oct.5,56	Date Orig. Entry: 1945
	Date of Birth: April 27, 1900	Birth Place: Idaho Coeur d'Alehe,	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit	By whom issued and signed: Arthur W. Alkire	Date Issued: October 15, 1956	Date Orig. Entry:
	Date of Birth: April 27, 1900	Birth Place: Idaho Coeur d'Alene,	Full Name of Mother: Grace Alkire Davis	Name of Father: Charles Davis
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Verna Wilson	Oct. 23,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

285-107-004

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 5 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rulon Tracey Shepherd			2. Date Of Birth: (month) Dec (day) 7 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Paris Idaho Bear Lake	b. City or Town of Birth: Paris	
FATHER	6. Full Name of Father: Henery Robert Shepherd			7. State or Country of Father's Birth: So. Hampton England	
MOTHER	8. Full Maiden Name of Mother: Sophia Poulsen Shepherd			9. State or Country of Mother's Birth: Providence Utah USA.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rulon T Shepherd		11. Present Address of Registrant: 505 No Grand Mesa	
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 1956	12. Signature of Notary: Mary Bell Nord		13. Notary Commission expires: Oct. 10 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Report	By whom issued and signed: Dept. of Commerce Bureau of the Census		Date Issued: Jun. 1, 1955	Date Orig. Entry: Census of 1910
	Date of Birth: age 9	Birth Place:	Full Name of Mother: Sophia Shepherd	Name of Father: Henry H. Shepherd	
SUPPORTING RECORD 2.	Type of Document: affidavit by Aunt	By whom issued and signed: Mary Shepherd Lewis		Date Issued: September	Date Orig. Entry: 20, 1956
	Date of Birth: Dec. 7, 1900	Birth Place: Paris	Full Name of Mother: Sophia Poulsen Shepherd	Name of Father: Henry Robert Shepherd	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: L.D.S. Bear Lake Stake		Date Issued: Oct. 25, 1956	Date Orig. Entry: Mar. 31, 1901
	Date of Birth: Dec. 7, 1900	Birth Place: Paris	Full Name of Mother: Sophia Poulson	Name of Father: H. R. Shepherd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	ss Shirley Straubhar	Nov. 5, 1956

FORM BH 56067

NOV

693-111-037-968

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1183

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stanton Walter Wilson
2. Date Of Birth: (month) May (day) 11 (year) 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Grasmere

FATHER

6. Full Name of Father: Hobart Henry Wilson
7. State or Country of Father's Birth: Ill.

MOTHER

8. Full Maiden Name of Mother: Harriett Royse
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanton Walter Wilson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on November 13 1956

12. Signature of Notary: Rhoda J. McGrath
13. Notary Commission expires: Notary Public Residing at Boise, Idaho. My Commission expires August 6, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. B	Affidavit by Brother	Clarence E. Wilson-Brother	Nov. 13,	1956
	Date of Birth: May 11, 1900 / Birth Place: Grasmere, Idaho	Full Name of Mother: Hariett Royse	Name of Father: Hobart Henry Wilson	
SUPPORTING RECORD 2. B	Own child's birth certificate	State of Idaho-213488	June 19, 1933	
	Date of Birth: Age 32 / Birth Place: Grasmere, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. B	Family Bible Record	Hobart Wilson-Father	1900	
	Date of Birth: May 11, 1900 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. BENSON	Joan Mowery	Nov. 13, 1956

FORM BH 56067

NOV 14 1956

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registration Full Name of Birth		2. Date of Birth	
3. Place of Birth		4. Sex	
5. Full Name of Father		6. Birth of Loco of Birth	
7. Full Maiden Name of Mother		8. State or Country of Father's Birth	
9. Signature of Registrar		10. Present Address of Registrar	
11. Signature of Notary		12. Notary Commission expires	

APPLICATION OF [illegible]

Date Issued	Date Orig. Entry		
Nov. 13, 1956	Gerardo F. Wilson-Brother	Affidavit by Brother	
Date of Birth	Full Name of Mother	Date of Birth	
Hobart Henry Wilson	Harriet Royse	11, 1900	Grasmere, Idaho
Date Issued	Date Orig. Entry	By whom issued and signed	
June 19, 1933	State of Idaho-[illegible]	Gen child's birth certificate	
Date of Birth	Full Name of Mother	Date of Birth	
Grasmere, Idaho		Age 32	
Date Issued	Date Orig. Entry	By whom issued and signed	
1900	Hobart Wilson-Father	Family Bible Record	
Date of Birth	Full Name of Mother	Date of Birth	
Idaho		May 11, 1900	

ADDITIONAL INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary [illegible] has been [illegible] which substantiates the facts as set forth in the [illegible] abstract.

Date Filed	Signature of Registrar	Signature of Registrar
Nov. 13, 1956	Joan Mowery	W. W. BEMON

815-208-006-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1248
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Mae Hansen			2. Date of Birth (month) (day) (year): August 8, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Presto
FATHER	6. Full Name of Father: Rasmus Edward Hansen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Phoebe Ellen Vaughn			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Mae Orrison		11. Present Address of Registrant: 7 S. Shilling, Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 8, 1956	12. Signature of Notary: Earl M. Parry		13. Notary Commission expires: February 29, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Midwife		By whom issued and signed: Pocatello, Idaho Annie Hansen Tarr	Date Issued: July 5, 1956	Date Orig. Entry
Class* B	Date of Birth: August 8, 1900	Birth Place: Presto, Idaho	Full Name of Mother: Phoebe Ellen Vaughn	Name of Father: Rasmus Edward Hansen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Boise, Idaho Idaho Mutual Benefit	Date Issued: 7-22-41	Date Orig. Entry
Class B	Date of Birth: Aug. 8, 1900	Birth Place: Presto, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: Mar. 25, 1938	Date Orig. Entry
Class B	Date of Birth: Aug 8, 1900	Birth Place: Idaho	Full Name of Mother: Phoebe E. Vaughn	Name of Father: Rasmus E. Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: VR Joyce B. Foltz	Date Filed: Dec 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Dc62-1248

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 10 1950

Registrar's Office Number	Registrar's Full Name of Birth	2. Date of Birth (month) (day) (year) August 8, 1900
Registrar's Office Number	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Hinsdale	6. County: Hinsdale
		7. City or Town of Birth: Idaho
Father	8. Full name of Father: [illegible]	7. State or Country of Father's Birth: Idaho
Mother	9. Full Maiden Name of Mother: Phoebe Allen Vaughn	9. State or Country of Mother's Birth: Utah
Affidavit	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible], Blackfoot, Ida.
Notary Public	12. Signature of Notary: [illegible]	13. Notary Commission expires: February 27, 1960

Subscribed and sworn to before me on August 8, 1950

Supporting Record 1	Type of Document	Date Issued	Date Orig. Entry
	Affidavit of Minnie	[illegible] 1950	
	Date of Birth / Birth Place	Full name of Mother	Name of Father

Supporting Record 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Reference Policy	Fidelity Idaho Reserve	[illegible]	
	Date of Birth / Birth Place	Full name of Mother	Name of Father	
Class B	[illegible] 1900 Preston, Idaho			

Supporting Record 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Social Security Record	Treasury Department	Mar. 25, 1938	
	Date of Birth / Birth Place	Full name of Mother	Name of Father	
Class B	Aug. 8, 1900 Idaho	Phoebe K. Vaughn	Parrons E. Nelson	

Qualifying Information

Registrar's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
E. F. Benson	Joyce B. Foltz	Dec 7, 1950

Class A [illegible]

Class B [illegible]

843-130-040-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-016
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Edward Huth
2. Date of Birth (month) (day) (year): September 30 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Gem, Idaho, Shoshone
b. City or Town of Birth: Gem

FATHER

6. Full Name of Father: Carl Huth
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Caroline Keitzer
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl E Huth
11. Present Address of Registrant: 6524 No. 37th St. Omaha Neb.

NOTARY (Seal)

Subscribed and sworn to before me on: November 15, 1956
12. Signature of Notary: W. M. Benson
13. Notary Commission expires: January 30, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Census Report	Department of Commerce Bureau of the Census	May 18, 1954	Jan. 1, 1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	age 19 / Idaho	Carrie Huth	Carl Huth	
SUPPORTING RECORD 2. Class B	School Record	Otoe Co. County Superintendent Merritt Whitten Neb.	May 25, 1953	July 8, 1907
	Sept. 30, 1900 /		C. Huth	
SUPPORTING RECORD 3. Class B	Application for Social Security Account No,	U.S. Treasury Dept. Internal Revenue Service	12/1/36	
	Sept. 30, 1900 / Gem, Idaho	Caroling Kitzer	Carl Huth	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	ss Shirley Straubhar	Jan. 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 15 1957

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Department of Division of Vital Statistics
Boise, Idaho

1. Registrant (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: [illegible] 30 1900	
	3. Color or Mark: [illegible]	4. Place of Birth: [illegible]	5. Place of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
Affidavit	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY DEPARTMENT	12. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Census Report	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued: May 18, 1954	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: Carl Huth
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: Otto Co. County Superintendent, Nebraska	Date Issued: [illegible] 1955	Date Orig. Entry: July 8, [illegible]
Class R	Date of Birth: Jul. 30, 1900	Birth Place:	Full Name of Mother:	Name of Father: C. Huth
SUPPORTING RECORD 3	Type of Document: Application for Social Security Account No.	By whom issued and signed: [illegible] Dept. Internal Revenue Service	Date Issued: [illegible]	Date Orig. Entry:
Class [illegible]	Date of Birth: Jul. 30, 1900	Birth Place: Gen. Idaho	Full Name of Mother: Caroline Kitzer	Name of Father: Carl Huth
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 8, 1957

Class A Records are those made and dated before the Registrant's Fifth Birthday.
Class B Records are those generally [illegible] Birthday [illegible]

943-117-043-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Thomas Rutledge	2. Date Of Birth (month) (day) (year): August 17 - 1900
	3. Color or Race: white; 4. Sex: Male; 5. Place of Birth a. County: Cascade	b. City or Town of Birth: Cascade Idaho
FATHER	6. Full Name of Father: Fred Lincoln Rutledge	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Elnora Hall	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Thomas Rutledge; 11. Present Address of Registrant: 4016 Altamont Dr. Ky. Alto Ore
✓ **NOTARY** (Seal)	Subscribed and sworn to before me on: Dec. 28 1956	12. Signature of Notary: Jul Babcock; 13. Notary Commission expires: Mar 26 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: W. Fred Hall	Date issued: Dec. 5, 1956	Date Orig. Entry:
	Date of Birth: Aug. 17, 1900; Birth Place: Cascade, Idaho	Full Name of Mother: Elnora Hall Rutledge	Name of Father: Fred Lincoln Rutledge	
SUPPORTING RECORD 2.	Type of Document: Insurance Record	By whom issued and signed: Western Life Insurance Co.	Date issued:	Date Orig. Entry: July 26, 1940
	Date of Birth: Aug. 17, 1900; Birth Place: Cascade, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Son's Birth certificate	By whom issued and signed: Oregon #466	Date issued: Sept. 16, 1947	Date Orig. Entry: Child born on Oct. 17, 1930
	Date of Birth: age 30; Birth Place: Cascade, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Shirley Straubhar	Jan. 9, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 17 1957

296-120-035-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLOYD LAWRENCE BROOKS
2. Date Of Birth (month) (day) (year): AUG. 20 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: ~~OROFINO~~ NEZ PERCE
b. City or Town of Birth: OROFINO

FATHER

6. Full Name of Father: STEVE BROOKS
7. State or Country of Father's Birth: INDIANA

MOTHER

8. Full Maiden Name of Mother: IDA MAUDE ANDERSON
9. State or Country of Mother's Birth: NOT KNOWN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd L. Brooks
11. Present Address of Registrant: 844 W. 20TH ST. MERCED, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on Merced, California February 5 1957

12. Signature of Notary: Mary Lou Campbell
13. Notary Commission expires: August 27 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister	Ruby Matilda Kirkendall	2-5-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 20, 1900 / Orofino, Idaho	Ida Maude Anderson	Steve Brooks	
SUPPORTING RECORD 2.	Marriage License	Merced County, California	1-23-57	6-8-1929
	age 28 / Idaho	Maude Anderson	Stephen Brooks	
SUPPORTING RECORD 3.	Daughter's Birth Cert.	Merced Co., California	1-23-57	Child born 12-1-35
	age 35 / Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

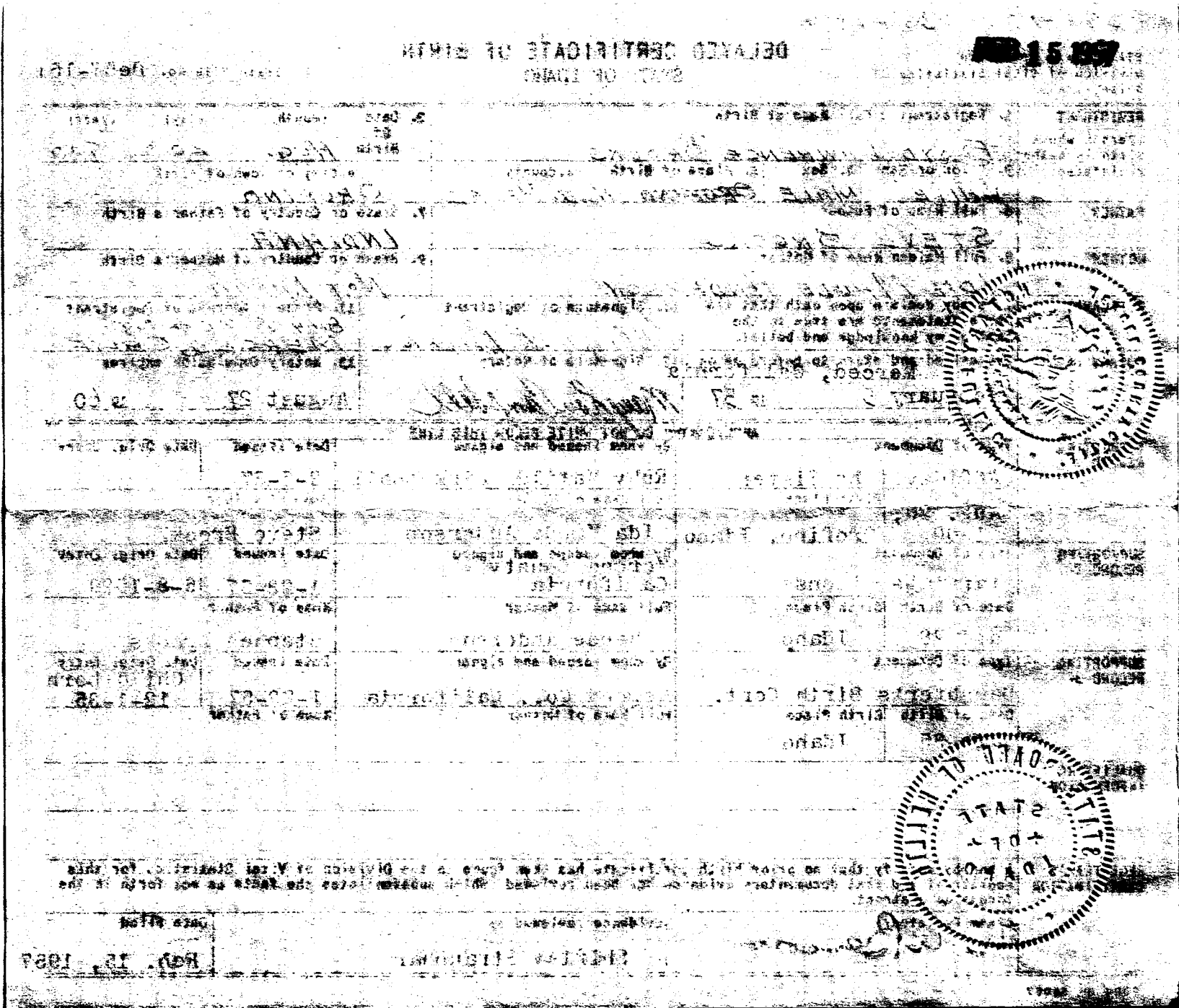
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Shirley Straubhar
Date Filed: Feb. 15, 1957

FORM BH 56067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO



386-214-035-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-167

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LUCIEL THORNTON
2. Date of Birth (month) (day) (year): NOV 14 1900
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: LELAND NEZPERCE
b. City or Town of Birth: NEAR LELAND IDA

FATHER

6. Full Name of Father: ANDREW JACKSON THORNTON
7. State or Country of Father's Birth: MISSOURI U.S.A. 1865

MOTHER

8. Full Maiden Name of Mother: ELIZA MAY HARVEY
9. State or Country of Mother's Birth: MISSOURI U.S.A 1867

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucel Thornton
11. Present Address of Registrant: Star Route Kendrick Ida

NOTARY (Seal)

Subscribed and sworn to before me on 1/11/57 19__

12. Signature of Notary: [signature]
13. Notary Commission expires
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Son's birth certificate	Idaho #70938	1/4/1957	Child born July 7, 1919
	Date of Birth: age 18	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Neighbor of parents at time of birth	By whom issued and signed: Ben Hoffman	Date Issued: 1/11/57	Date Orig. Entry:
	Date of Birth: Nov. 14, 1900	Birth Place: Nez Perce Co., Leland, Idaho	Full Name of Mother: Eliza May Harvey	Name of Father: Andrew J. Thornton
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Ida. County Board of Education, Grangeville, Ida.	Date Issued: 2-13-57	Date Orig. Entry: Jan. 1917
	Date of Birth: age 16	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D M Benson	ss Shirley Straubhar	Feb. 21, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

FEB 21 1957

253-119-036-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Valdez Kelly		2. Date Of Birth (month) Dec. (day) 19 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Rockland, Oneida now Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: George Ernest Kelly		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Orpha Maria Allen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Valdez Kelly	11. Present Address of Registrant: Rockland, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 8, 19 57	12. Signature of Notary: W Choofbourrow	13. Notary Commission expires: Jan. 3, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend and Neighbor	By whom issued and signed: Zina Eliasen	Date issued: 2-13-57	Date Orig. Entry:
	Date of Birth: Dec. 19, 1900; Birth Place: Oneida County Rockland, Idaho	Full Name of Mother: Orpha Maria Allen	Name of Father: George Ernest Kelly	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: U.S. Treasury Dept.	Date issued:	Date Orig. Entry: 3-13-39
	Date of Birth: Dec. 19, 1900; Birth Place: Power County, Rockland, Idaho	Full Name of Mother: Orpha Allen	Name of Father: George E. Kelly	
SUPPORTING RECORD 3.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: Idaho #129007	Date issued:	Date Orig. Entry: Child born 1-29-25
	Date of Birth: age 24; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Feb. 21, 1957	

FORM BH 56067 1 copy paid

FEB 25 1957

PERSON	1. Registrant's Full Name of Birth: Walter Valdez Kelly	2. Date of Birth: Dec. 19 1900	
Registrant	3. Sex: white	4. Place of Birth: Rockland, Cheidgnow Power	5. Place of Birth: Rockland
FATHER	6. Full Name of Father: George Ernest Kelly	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Orpha Maria Allen	9. State or Country of Mother's Birth: Utah	
APPLICATION	10. Signature of Registrant	11. Present Address of Registrant: Rockland, Idaho	
	12. Signature of Witness	13. Notary Commission Expires: Jan. 3, 1959.	

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Place	Full Name of Mother	Date Issued / Date Orig. Entry
	Date of Birth / Place	Full Name of Mother	Name of Father
SUPPORTING RECORD B	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Place	Full Name of Mother	Name of Father

QUALIFICATION CERTIFICATION

Certificate of Vital Statistics for this [illegible] has been found in the Bureau of Vital Statistics for this [illegible] evidence has been reviewed, which [illegible] the facts as set forth in the [illegible]

Signature	Evidence reviewed by	Date Filed
	Stanley Straubhaar	[illegible]

719-212-036-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-178
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viola May Garner
2. Date of Birth (month) (day) (year): May 12 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Clifton, Idaho

FATHER

6. Full Name of Father: William Henry Garner
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Emma Tolman
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola May Garner Barney
11. Present Address of Registrant: 1051 Oak St. Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 24 1956
12. Signature of Notary: Calvin A. Chandler
13. Notary Commission expires: Aug. 8 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	William H. Garner	Sept. 4, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1900	Oneida County, Clifton, Idaho	Mary Emma Tolman	William Henry Garner

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Preston 1st Ward- L.D.S. Church		June 14, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1900	Oneida County, Clifton, Idaho	Mary E. Tolman	W. H. Garner

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's Birth Cert.	Ogden, Utah #12038	2-6-57	Child born Mar. 13, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Clifton, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. E. Benson	ss Shirley Straubhar	Feb. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 26 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed

Local Reg. No.

Reg. Dist. No.

REGISTRANT	1. Reg. of Birth Full Name at Birth	2. Date of Birth (Mo.) (Day) (Yr.)	
	Viola May Warner	May 12 1900	
Registrar	3. Color or Race 4. Sex	5. Place of Birth a. County	b. City or Town of Birth
	White Female	Oneida	Clifton, Idaho
MAIDEN	6. Full Name of Father	7. State or Country of Father's Birth	
	William Henry Warner	Utah	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	Mary Anna Holmes	Utah	
APPLICANT	10. Signature of Registrant	11. Present Address of Registrant	
		1051 Oak St.	
		Ogden, Utah	
	12. Signature of Notary	13. Notary Commission expires	

APPLICANT DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed

Evidence rev. seen by

245-105-016-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-235
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emulous Isaac Bunn			2. Date of Birth (month) April (day) 5 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: William Henry Bunn			7. State or Country of Father's Birth: New York City, New York	
MOTHER	8. Full Maiden Name of Mother: Addie Sanford			9. State or Country of Mother's Birth: Deep Creek, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Emulous Isaac Bunn	11. Present Address of Registrant: Burley, Route 1, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1956		12. Signature of Notary: Glen R Duncan	13. Notary Commission expires: November 11 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church Record	By whom issued and signed: Salt Lake City, Utah L.D.S.		Date Issued: 1-18-56	Date Orig. Entry: 6-3-1900
	Date of Birth: Apr. 5, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: Addie Sanford	Name of Father: William Bunn	
SUPPORTING RECORD 2. Class B	Type of Document: Daughter's Birth Cert.	By whom issued and signed: Idaho #84948		Date Issued:	Date Orig. Entry: Child born Oct. 28, 1920
	Date of Birth: age 20	Birth Place: Oakley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Addie Sanford Bunn		Date Issued: 2-17-57	Date Orig. Entry:
	Date of Birth: Apr. 5, 1900	Birth Place: Cassia County, Oakley, Idaho	Full Name of Mother: Addie Sanford Bunn	Name of Father: William Henry Bunn	
QUALIFYING INFORMATION					

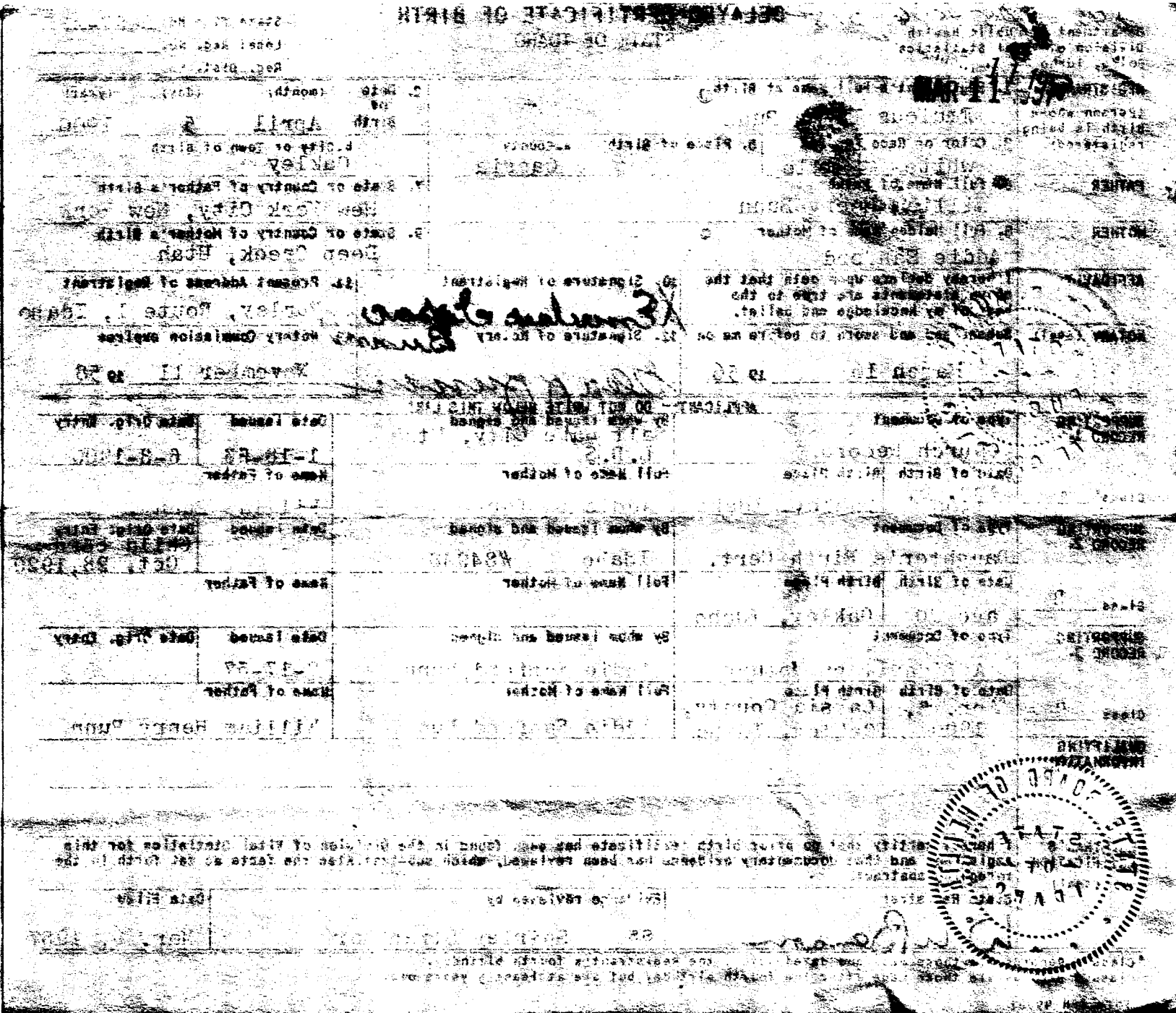
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	Mar. 9, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



566-119-006-282

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-260
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES LELAND NOWLIN	2. Date Of Birth (month) (day) (year): APRIL 19th 1900
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth: IDAHO U.S.A. a. County: BINGHAM	b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: JOBUS NOWLIN	7. State or Country of Father's Birth: NEPHI UTAH U.S.A.
MOTHER	8. Full Maiden Name of Mother: CLARINDA BYBEE	9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. L. Nowlin; 11. Present Address of Registrant: 814 HALL ST. NELSON B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: March 5th 1957	12. Signature of Notary: C. L. Hamilton; 13. Notary Commission ~~expires~~ for life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Uncle age 73	By whom issued and signed: George Nowlin	Date issued: 3-1-57	Date Orig. Entry:
	Date of Birth: Apr. 19, 1900; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Clarinda Nowlin	Name of Father: Jabus William Nowlin	
SUPPORTING RECORD 2. Class B	Type of Document: Registration of Marriage	By whom issued and signed: Alberta, Canada	Date issued: 3-15-22	Date Orig. Entry:
	Date of Birth: age 21; Birth Place: Idaho Falls, Idaho; U.S.A.	Full Name of Mother: Clarinda Bybee	Name of Father: J. W. Nowlin	
SUPPORTING RECORD 3. Class B	Type of Document: Canadian Census Record	By whom issued and signed: Dominion Bureau of Statistics: Ottawa, Canada	Date issued: 2-21-57	Date Orig. Entry: 6-1-1911
	Date of Birth: April, 1900; Birth Place: United States	Full Name of Mother: Clarinda Nowlin	Name of Father: Jabes Nowlin	
QUALIFYING INFORMATION	Type of Document: Son's Birth Cert.	Issued by: State of Washington	Date Issued: 10-8-56	Orig. Entry: Child born 6-4-25
	Birth date: age 25; Birth place: Idaho			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Mar. 12, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

MAR 12 1964

994-222-029-95-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian May Zimmerman			2. Date Of Birth (month) December (day) 22 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Southwick / Latah	b. City or Town of Birth: Southwick	
FATHER	6. Full Name of Father: William Zimmerman			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Mary Reinhart			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian May Zimmerman		11. Present Address of Registrant: Wilson Southwick, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 19 57	12. Signature of Notary: Robert E. Magnuson		13. Notary Commission expires: December 9 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Association		Date Issued: 9-11-51	Date Orig. Entry:
	Date of Birth: Dec. 22, 1900	Birth Place: Southwick, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #118150		Date Issued: 10-2-43	Date Orig. Entry: child born 12-8-23
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth--age 70	By whom issued and signed: John B. Darby		Date Issued: 4-9-57	Date Orig. Entry:
	Date of Birth: Dec. 22, 1900	Birth Place: Southwick, Idaho	Full Name of Mother: Mary Reinhart Zimmerman	Name of Father: William Zimmerman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss nr Nancy Richards	April 18, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 19 1957

Insurance Policy

Com State Mutual Life Assocation

9-11-51

Date Issued

Date Orig. Entry

Date Issued

10-2-43

Date Filed

STATE BOARD OF HEALTH

713-128-030-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Bryan Patton			2. Date of Birth (month) (day) (year): February 28, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Junction City, Idaho	
FATHER	6. Full Name of Father: Edward Ray Patton			7. State or Country of Father's Birth: Des Moines, Iowa	
MOTHER	8. Full Maiden Name of Mother: Sarah Anelia Yearian			9. State or Country of Mother's Birth: St. Paul, Minn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edward Bryan Patton	11. Present Address of Registrant: Hood River, Ore RFD 2 Box 31	
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1957		12. Signature of Notary: O. L. Graton	13. Notary Commission expires: Notary Public For Oregon My Commission Expires Jan. 24, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Occidental Life Ins. Co.	Date Issued: 1-3-44	Date Orig. Entry: Jan. 3, 1944
	Date of Birth: Feb. 28, 1900	Birth Place: Junction, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Membership Statement		By whom issued and signed: United Brotherhood of Carpenters	Date Issued:	Date Orig. Entry: 11-20-1948
	Date of Birth: Feb. 28, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: age 67 Affidavit by brother		By whom issued and signed: John David Patton	Date Issued: 4-29-57	Date Orig. Entry:
	Date of Birth: Feb. 28, 1900	Birth Place: Junction City, Ida.	Full Name of Mother: Sarah Anelia Patton	Name of Father: Edward Ray Patton	
QUALIFYING INFORMATION	Voting Record; Council, Idaho; dated 10/19/26 registration; issued 2-23-57; age 26; born in Idaho.				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: mfe nr Nancy Richards	Date Filed: May 8, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

236-212-022-245

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-493
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Stoddard
2. Date of Birth (month) May (day) 12 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Fremont; b. City or Town of Birth Parker Idaho

FATHER

6. Full Name of Father: Lewis A. Stoddard
7. State or Country of Father's Birth: Farmington Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Smith
9. State or Country of Mother's Birth: Farmington Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva Hartman
11. Present Address of Registrant: 840 E Lander Pocatello Ida

NOTARY (Seal)

Subscribed and sworn to before me on April 16 1957

12. Signature of Notary:
13. Notary Commission expires: My Commission Expires Feb. 17, 1960
Notary Public of Idaho, Residing at Pocatello, Ida.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Application for Social Security Account Number	Treasury Dept.		Nov. 24, 1936
	Date of Birth May 12, 1900 / **Birth Place** Fremont Co. Parker, Idaho	**Full Name of Mother** Lydia Smith	**Name of Father** Louis Arden Stoddard	
SUPPORTING RECORD 2. Class B	Church Record	By whom issued and signed: Pocatello 14th Ward, Pocatello Stake, LDS Church	Date Issued: 2-11-57	Date Orig. Entry: June 6, 1908
	Date of Birth May 12, 1900 / **Birth Place** Fremont Co. Parker, Idaho	**Full Name of Mother** Lillian Smith	**Name of Father** Lewis A. Stoddard	
SUPPORTING RECORD 3. Class B	own child's birth certificate	By whom issued and signed: Idaho #123754	Date Issued:	Date Orig. Entry: child born July 14, 1924
	Date of Birth age 24 / **Birth Place** Idaho	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. M. Benson	Nancy Richards	May 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy mailed

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 9

SEP 2

795-224-018-236

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-496
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Loretta Greer			2. Date Of Birth (month) August (day) 24 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Clear water	b. City or Town of Birth: Orofino	
FATHER	6. Full Name of Father: Horace Elbridge Greer			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Zylpha Pearl Klock			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna L. Sprague		11. Present Address of Registrant: 3733 West Way Sacramento, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1957	12. Signature of Notary: Agnes Houston		13. Notary Commission expires: Mar. 7 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Zylpha Pearl Greer		Date Issued: 4-30-56	Date Orig. Entry:
	Date of Birth: Aug. 24, 1900	Birth Place: Clearwater Co. Orfino, Idaho	Full Name of Mother: Zylpha Pearl Klock Greer		Name of Father: Horace Eldridge Greer
SUPPORTING RECORD 2. B Class	Type of Document: Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census		Date Issued: 4-4-57	Date Orig. Entry: April 1, 1930
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3. B Class	Type of Document: own child's birth certificate	By whom issued and signed: Washington #245		Date Issued:	Date Orig. Entry: child born June 12, 1918
	Date of Birth: age 17	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	May 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

(spelling on mother's affidavit as listed)

JAN 29 1964

MAY 9 1967

Runa Loretta Greer

White | Female | Idaho | Clear water | Orofino

Mission

Colorado

Sacramento, Calif.

Date Issued | Date Orig. Entry

Name of Father

Date Issued | Date Orig. Entry

June 12, 1938

Name of Father

Evidence reviewed by

Date Filed

STATE OF IDAHO

693-110-026-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: J. Bruce Wilson			2. Date of Birth (month) (day) (year): December 10, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Grant, Idaho	
FATHER	6. Full Name of Father: Andrew Guy Wilson			7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Annie Williams			9. State or Country of Mother's Birth: U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: J. B. Wilson	11. Present Address of Registrant: 3364 W 18 Idaho Falls Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1957		12. Signature of Notary: S. T. Johnson	13. Notary Commission expires: 1/23 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: Sept. 16, 1941
	Date of Birth: Dec. 10, 1900	Birth Place: Grant, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Annie Wilson	Date Issued: 5-18-57	Date Orig. Entry:
	Date of Birth: Dec. 10, 1900	Birth Place: Grant, Idaho	Full Name of Mother: Annie Williams Wilson	Name of Father: Andrew Guy Wilson	
SUPPORTING RECORD 3.	Type of Document: (Church record) Certificate of Ordination		By whom issued and signed: Grant Ward, LDS Church	Date Issued: 1-5-15	Date Orig. Entry: Aug. 1, 1909
	Date of Birth: Dec. 10, 1900	Birth Place: Grant, Idaho	Full Name of Mother: Annie Williams	Name of Father: Andrew Guy Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. Benson	nr Nancy Richards	May 27, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL MAY 28 1957

1. Name of Person		2. Date of Birth	December 10, 1900
3. Sex	White	4. Place of Birth	Jefferson
5. Name of Father	Andrew Guy Wilson	6. Place of Birth	U.S.A.
7. Maiden Name of Mother	Annie Williams	8. Place of Birth	U.S.A.
9. Signature of Registrar		10. Present Address of Registrar	
11. Signature of Witness		12. Notary Commission Expires	

Type of Document	Issued by	Date Issued	Date Orig. Entry
Insurance Policy	Beneficial Life Ins. Co.		Sept. 16, 1941
Date of Birth	Place of Birth	Date of Birth	
Dec. 10, 1900	Grant, Idaho		
Affidavit by Mother	Mrs. Annie Wilson	5-16-57	
Date of Birth	Place of Birth	Date of Birth	
Dec. 10, 1900	Grant, Idaho	Annie Williams Wilson	Andrew Guy Wilson
Certificate of Ordination	Church record	Grant Ward, LDS Church	Aug. 1, 1929
Date of Birth	Place of Birth	Date of Birth	
Dec. 10,	Grant, Idaho	Annie Williams	Andrew Guy Wilson

Certificate of Birth certificate has been found in the Division of Vital Statistics for this [illegible] that accompanying evidence [illegible] have reviewed which uses [illegible] as set forth in the [illegible]

Date Filed	Witness reviewed by	Date Filed
	[illegible]	May 27, 1957

386-112-019-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Berle Thomas			2. Date Of Birth (month) (day) (year): July 12 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Custer Idaho
FATHER	6. Full Name of Father: Edward Lee Thomas			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Esther Louisa Morris			9. State or Country of Mother's Birth: Freemont, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry Berle Thomas		11. Present Address of Registrant: 940 Wenona, Chicago Ill
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: 8/10/ 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 23, 1939
	Date of Birth: July 12, 1900 / Birth Place: Custer, Idaho	Full Name of Mother: Esther Louise Morris	Name of Father: Edward Lee Thomas	
SUPPORTING RECORD 2.	Type of Document: (insurance record) Statement from Ins. Co.	By whom issued and signed: The Travelers Ins. Co.	Date Issued: 4-23-57	Date Orig. Entry: Jan. 28, 1925
	Date of Birth: July 12, 1900 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 74	By whom issued and signed: Effie Morris Simpson	Date Issued: 2-19-57	Date Orig. Entry:
	Date of Birth: July 12, 1900 / Birth Place: Custer, Idaho	Full Name of Mother: Esther Louisa Morris Thomas	Name of Father: Edward Lee Thomas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	May 28, 1957

FORM BH 56067

Verified

MAY 29 1957

Application for Social Security Account Number		Dec 23, 1957	
July 12, 1900	Custer, Idaho	Esther Louise Morris	Edward Lee Thomas
Statement from Ins. Co.		The Travelers Ins. Co.	Jan. 28, 1957
July 12, 1900	Idaho	---	---
Affidavit by mgmt, age 74		Effie Morris Simpson	2-12-57
July 12, 1900	Custer, Idaho	Esther Louise Morris Thomas	Edward Lee Thomas

Evidence reviewed by: Nancy Richards — Date filed: May 28, 1957

762-212-001-145

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-598
Local Reg. No. 598
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Post
2. Date of Birth: (month) June (day) 12 (year) 1900
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County: Meridian, Ada Co, Idaho; b. City or Town of Birth: Meridian (Ada County) Idaho

FATHER

6. Full Name of Father: John Post
7. State or Country of Father's Birth: Columbus, Ohio

MOTHER

8. Full Maiden Name of Mother: Florilla E. Adee
9. State or Country of Mother's Birth: Green County, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Post
11. Present Address of Registrant: 700 Pueblo St. Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 4, 1953

12. Signature of Notary: [illegible] Patch
13. Notary Commission expires: Notary Public in and ... Residing in Boise, Ada County, Idaho 19[illegible] My Commission expires Nov. 1, 1956.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Older Sister	Ada Post Hackett Age16 at time of Violet's birth	Nov. 14, 1956	
Class*_____	**Date of Birth** June 12, 1900 / **Birth Place** Meridian, Idaho	**Full Name of Mother** Floriall Elvira Adee	**Name of Father** John Post	
SUPPORTING RECORD 2.	School Record	Boise Public Schools - Boise	May 22, 1957	School year of 1913
Class_____	**Date of Birth** June 12, 1900 / **Birth Place** Meridian, Idaho	**Full Name of Mother**	**Name of Father** John Post	
SUPPORTING RECORD 3.	Service Record Card	Veterans Administration Boise, Idaho	11-29-55	for Aug. 1, 1945 to Apr. 29, 1946
Class_____	**Date of Birth** June 12, 1900 / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

Marriage License - Ada County, Boise, Idaho - Dated Sept. 9, 1930
gives age at that time as 30 and birthplace as Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Barson	Shirley Cooper	June 6, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 2 1957

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Violet Post	2. Date of Birth (month) (day) (year): June 12 1900
	3. Color or Race: White	4. Sex:
	5. Place of Birth: Meridian, Ada Co., Idaho	6. Mother's Maiden Name: Meridian (Ada County) Idaho
FATHER	6. Full Name of Father: John Post	7. State or Country of Father's Birth: Columbus, Ohio
MOTHER	8. Full Maiden Name of Mother: Florilla F. Adee	9. State or Country of Mother's Birth: Green County, Wisconsin
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 700 Pueblo St. Boise, Idaho
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires:

APPLICATION FOR DELAYED BIRTH FILE

SUPPORTING RECORD	Document: Affidavit by Elmer Fisher	By whom Issued and signed: Ada [illegible] Hackett of Violet's birth	Date Issued: Nov. 11, 1956
Class	Date of Birth: June 12, 1900	Birth Place: Meridian, Idaho	Full Name of Mother: [illegible]
			Name of Father: John Post
SUPPORTING RECORD	Document: School Records	By whom Issued and signed: [illegible] - Boise, May 22, [illegible]	Date Issued: [illegible]
Class	Date of Birth: [illegible]	Birth Place: Meridian, Idaho	Full Name of Mother:
			Name of Father: John Post
SUPPORTING RECORD	Type of Document: Service Record [illegible]	By whom Issued and signed: [illegible] Administration Boise, Idaho	Date Issued: [illegible]
Class	Date of Birth: June [illegible] 1900	Birth Place:	Full Name of Mother:
			Name of Father:

QUALIFYING INFORMATION: [illegible] Ada County, Boise, Idaho - [illegible] 9, 1900 [illegible] that time is 30 and [illegible] Idaho

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Registrant.

Signature of Registrant	Evidence reviewed by: Shirley [illegible]	Date Filed: June [illegible], 1957

*Class A Records are those made and dated before the Registrant's fourth (4th) [illegible]
Class B Records are those made after the fourth (4th) [illegible] of least 5 years old.

689-227-029-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LENORA WHITTED		2. Date Of Birth (month) (day) (year): DECEMBER 27 1900
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GENESEE LATAH; b. City or Town of Birth: GENESEE
FATHER	6. Full Name of Father: WILLIAM ALBERT WHITTED		7. State or Country of Father's Birth: ESTERVILLE, IOWA
MOTHER	8. Full Maiden Name of Mother: MARY ESTHER COVERDALE		9. State or Country of Mother's Birth: ESTERVILLE IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lenora Walker	11. Present Address of Registrant: RT. 2 LAPWAI IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 10 1957	12. Signature of Notary: Earl J. Woods	13. Notary Commission expires: MAY 1, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #135527	Date issued:	Date Orig. Entry: child born Sept. 14, 1925
	Date of Birth: age 24	Birth Place: Genessee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mary E. Whitted	Date issued: 5-13-57	Date Orig. Entry:
	Date of Birth: Dec. 27, 1900	Birth Place: Genesse, Idaho	Full Name of Mother: Mary Esther Whitted	Name of Father: William Albert Whitted	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Coeur d'Alene Idaho Benefit Association	Date issued: 11-13-29	Date Orig. Entry: Nov. 13, 1929
	Date of Birth: age 28	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 20, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 21 1957

294-213-035-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-687

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Etolia Fay Sims
2. Date of Birth: (month) May (day) 13 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Nez County Perce Idaho Lewis
b. City or Town of Birth: Nez Perce

FATHER

6. Full Name of Father: Walter Peel Sims, Apr 7 1863
7. State or Country of Father's Birth: Springfield Missouri

MOTHER

8. Full Maiden Name of Mother: Ara-Belle Medley, July 25 1869
9. State or Country of Mother's Birth: Fulton Mississippi

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Etolia Fay Sims Maxwell
11. Present Address of Registrant: ~~Yakima~~ Wash 1207 South 9th St

NOTARY (Seal)

Subscribed and sworn to before me on: April 10 1957
12. Signature of Notary: J. W. M. Muller
13. Notary Commission expires: Dec 27 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Elizabeth Hospital, Yakima, Wn.	4-12-57	9-27-46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1900	Idaho	Arabelle Medley	Walter Sims

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Account Number	Treasury Dept.		June 21, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1900	Nez Perce, Idaho	AraBell Medley	Walter P. Sims

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(1st cousin) Affidavit by neighbor at time of birth, age 71	Urban A. Sims	5-13-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1900	Nez Perce, Idaho	Ara Belle Medley	Walter Peel Sims

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Ranson	nr Nancy Richards	July 8, 1957

FORM BH 56067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 8 1957

215-205-035-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-764

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CAMILLA SANITER
2. Date of Birth (month) DEC. (day) 5 (year) 1900
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: NEZ PERCE COUNTY
b. City or Town of Birth: NEZ PERCE COUNTY

FATHER

6. Full Name of Father: HERMAN ALEXANDER SANITER
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: VIOLA KNIGHT
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Camilla S. Benner
11. Present Address of Registrant: 934 E. 3rd St. Long Beach 12, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 51 JUN 25 57 19____

12. Signature of Notary: L. B. Stirrat
L. B. STIRRAT
Notary Public
In and For the County of Los Angeles
California

13. Notary Commission expires: My Commission Expires April 23, 1961 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Oct. 30, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 5, 1900 / Nez Perce Co., Idaho	Viola Knight	Herman A. Saniter	
SUPPORTING RECORD 2.	own child's birth certificate	California #2161 certified copy	1-8-42	child born Dec. 21, 1925
	age 25 / Idaho	---	---	
SUPPORTING RECORD 3.	Marriage license	Los Angeles County, Calif.		June 30, 1919
	age 18 / Idaho	---	---	

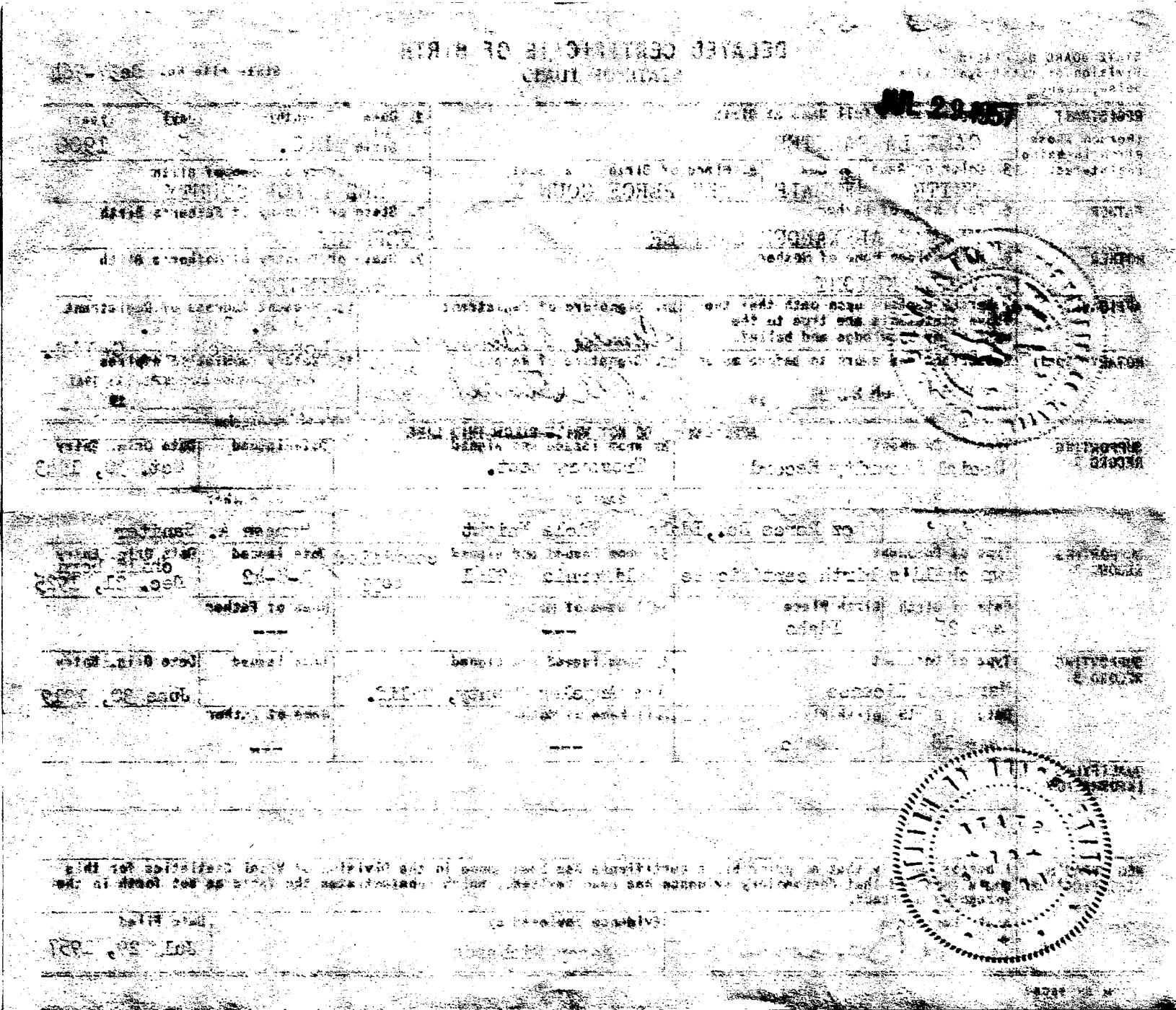
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Nancy Richards
Date Filed: July 29, 1957

FORM BH 56067 4 copies paid



633-121-025-.652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-777

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Carl Oltman			2. Date of Birth (month) March (day) 21 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Winona
FATHER	6. Full Name of Father: John K. Oltman			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Lena Webber			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Carl Oltman		11. Present Address of Registrant: Burns, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 25, 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 17 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

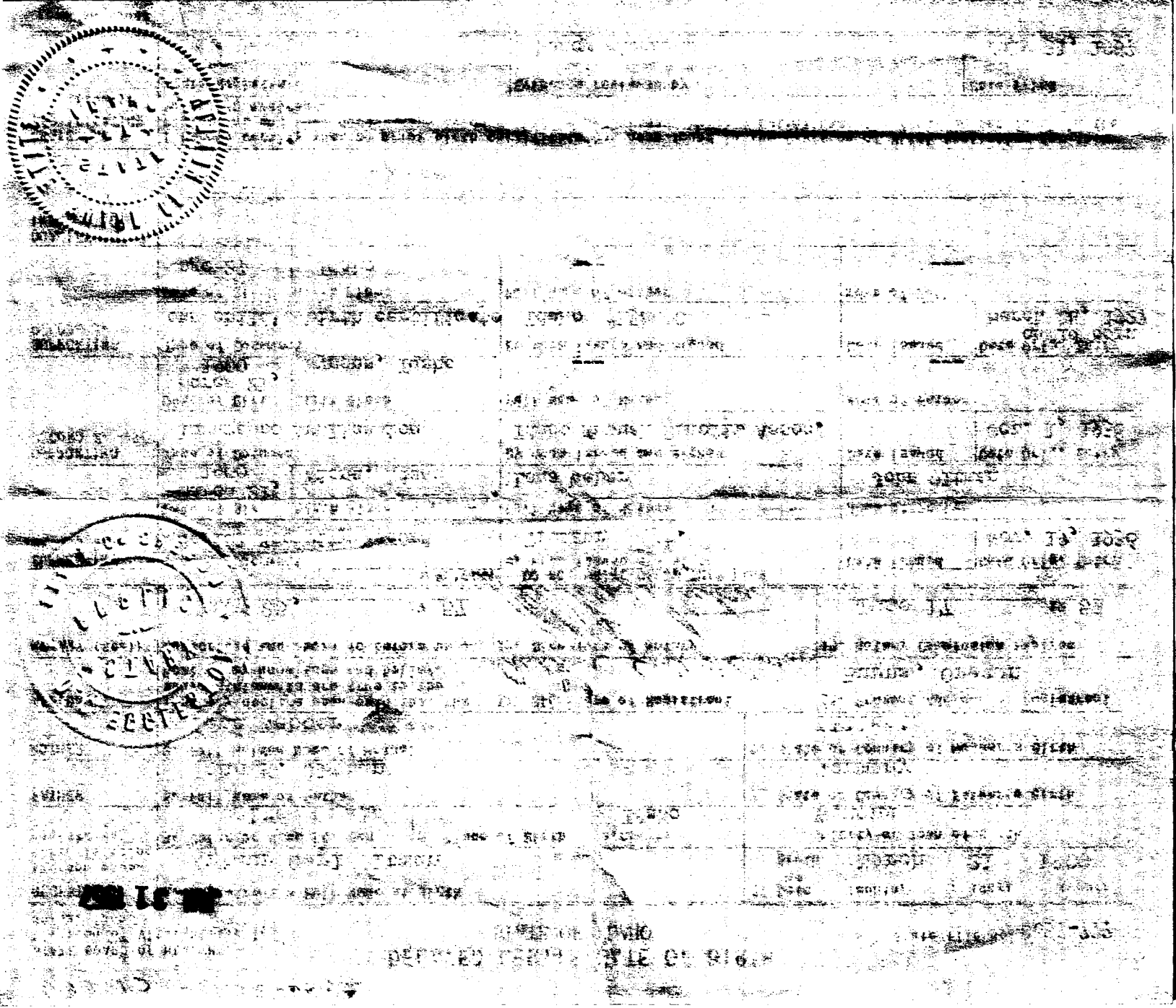
SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 19, 1936
	Date of Birth: March 21, 1900	Birth Place: Idaho Co. Wiona, Idaho	Full Name of Mother: Lena Weber	Name of Father: John Oltman
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Oct. 1, 1938
	Date of Birth: March 21, 1900	Birth Place: Wynona, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #154000	Date Issued:	Date Orig. Entry: child born March 24, 1927
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	July 31, 1957

FORM BH 56067 1 Copy Mailed



296-228-028-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-835

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sara India Brown
2. Date of Birth: (month) July (day) 28 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Kootenai County (known now as Farragut) b. City or Town of Birth: Squaw Bay, Idaho

FATHER

6. Full Name of Father: William Henry Brown
7. State or Country of Father's Birth: State of Iowa

MOTHER

8. Full Maiden Name of Mother: Nora Emiline Mulkey
9. State or Country of Mother's Birth: Benton County, Corvallis, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Sadie B. Hurley
11. Present Address of Registrant: 507 Park Place St

NOTARY (Seal)

Subscribed and sworn to before me on: July 2, 1957
12. Signature of Notary: Robert W. Hart
13. Notary Commission expires: My Commission Expires June 19, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Original viewed by Robert Hart, Notary	Date Issued: 2-8-57	Date Orig. Entry:
	Date of Birth: July 28, 1900	Birth Place: Kootenia Co, Sqaw Bay, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Superintendent of Schools Mount Vernon, Washington	Date Issued: 7-2-53	Date Orig. Entry: 5-1-1908
	Date of Birth: July 28, 1900	Birth Place: ---	Full Name of Mother: Nora Brown	Name of Father: W. H. Brown
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 8-6-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

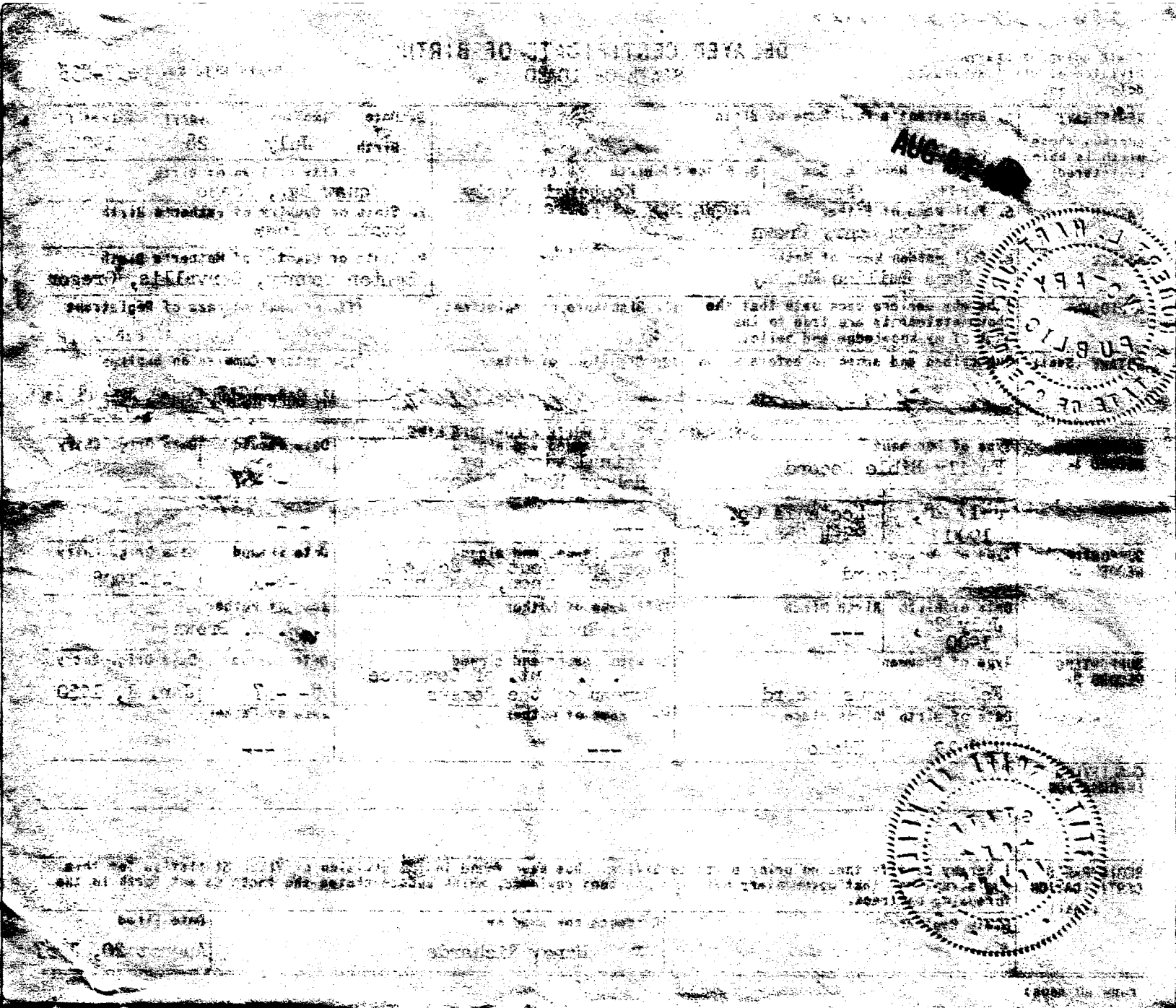
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	August 20, 1957

FORM BH 56067

2 Copies Issued



235-118-022-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-894
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bert Stewart		2. Date of Birth (month) March (day) 19 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: James Edward Stewart		7. State or Country of Father's Birth: Clarkston, Utah	
MOTHER	8. Full Maiden Name of Mother: Emily Jane Bassett		9. State or Country of Mother's Birth: ~~Clarkston~~, Utah — Providence (town)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bert Stewart	11. Present Address of Registrant: Sugar City, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1953	12. Signature of Notary: Henry Dietrich	13. Notary Commission expires: April 3, 1956	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Sugar Ward, North Rexburg Stake, IDS Church	Date Issued: 5-27-57	Date Orig. Entry: May 2, 1908
Class* B	Date of Birth: March 19, 1900	Birth Place: Fremont Co. Wilford, Idaho	Full Name of Mother: Emily J. Bassett	Name of Father: James E. Stewart
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 25, 1947
Class B	Date of Birth: March 19, 1900	Birth Place: Fremont Co. Wilford, Idaho	Full Name of Mother: Emily Jane Bassett	Name of Father: James Edward Stewart
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 1-22-46	Date Orig. Entry: Jan. 18, 1946
Class B	Date of Birth: March 19, 1900	Birth Place: Wilford, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 6, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 6 1957

551-218-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-895

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Evans		2. Date of Birth (month) Feb. (day) 18, (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Edward Lovedale Evans		7. State or Country of Father's Birth: Logan Utah
MOTHER	8. Full Maiden Name of Mother: Alice Louisa Partington		9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Evans	11. Present Address of Registrant: Sugar City Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1957	12. Signature of Notary Public or Judge: Vernon C. Mortensen	13. Notary Commission expires: _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Sugar Ward, No. Rexburg Stake, LDS Church	Date Issued: 5-27-57	Date Orig. Entry: June 6, 1908
	Date of Birth: Feb. 18, 1900	Birth Place: Rexburg, Idaho	Full Name of Mother: Alice L. Partington	Name of Father: Edward L. Evans
SUPPORTING RECORD 2.	Type of Document: Affidavit by stepmother, age 92 (neighbor & present at birth)	By whom issued and signed: Annie C. Evans	Date Issued: 5-29-57	Date Orig. Entry:
	Date of Birth: Feb. 18, 1900	Birth Place: Fremont, now Madison Co. Rexburg, Idaho	Full Name of Mother: Alice Louisa Partington Evans	Name of Father: Edward Lovedale Evans
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Sugar-Salem Schools--Supt. Sugar City, Idaho	Date Issued: 8-27-57	Date Orig. Entry: Sept. 1908
	Date of Birth: Feb. 18, 1900	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: E. L. Evans
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 6, 1957

FORM BH 56067

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SEP 6 1957

415-203-010 -231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-904

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chloey Belle Daniels
2. Date Of Birth (month) (day) (year): January 3 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Idaho Falls, Bonneville Co.
b. City or Town of Birth: Idaho Falls,

FATHER

6. Full Name of Father: Frank P. Daniels
7. State or Country of Father's Birth: Utah, U. S. A.

MOTHER

8. Full Maiden Name of Mother: Emma A. Stanley
9. State or Country of Mother's Birth: Utah, U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chloey Rogers
11. Present Address of Registrant: 1701 West Maple, Dallas, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: August 10 1957
12. Signature of Notary: Harvey A Michalis
13. Notary Commission expires: May 1 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Nov. 27, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 3, 1900	Idaho Falls, Idaho	Emma Stanley	Franklin Pierce Daniels

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #92800		child born June 1, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Emma A. Jester	5-2-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 3, 1900	Bonneville Co. Idaho Falls, Idaho	Emma A. Jester (was Daniels)	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D L Bryson	Nancy Richards	Sept. 9, 1957

FORM BH 56067

1 Copy filed

117-219-041-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D57-930

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Rhoda Jagger
2. Date Of Birth: (month) 9 (day) 19 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho, Teton
b. City or Town of Birth: Oasis

FATHER

6. Full Name of Father: Cyrus Jagger
7. State or Country of Father's Birth: Indiana, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Maggie Ann Ashmead
9. State or Country of Mother's Birth: Iowa, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah R. Williams
11. Present Address of Registrant: Brady, Nebraska

NOTARY (Seal)

Subscribed and sworn to before me on January 5 1957

12. Signature of Notary: [signature]
13. Notary Commission expires: February 7 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Maggie A. Jagger	1-17-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 19, 1900 / Teton County Oasis, Idaho	Maggie Ann Ashmead	Cyrus Jagger	
SUPPORTING RECORD 2.	Marriage License	Norton County, Kansas	1-10-57	July 4, 1924
	age 23 / —	—	—	
SUPPORTING RECORD 3.	School Record	Dawson Co., Nebraska	8-17-57	1910
	Sept. 19, 1900 / Idaho	---	Cyrus Jagger	

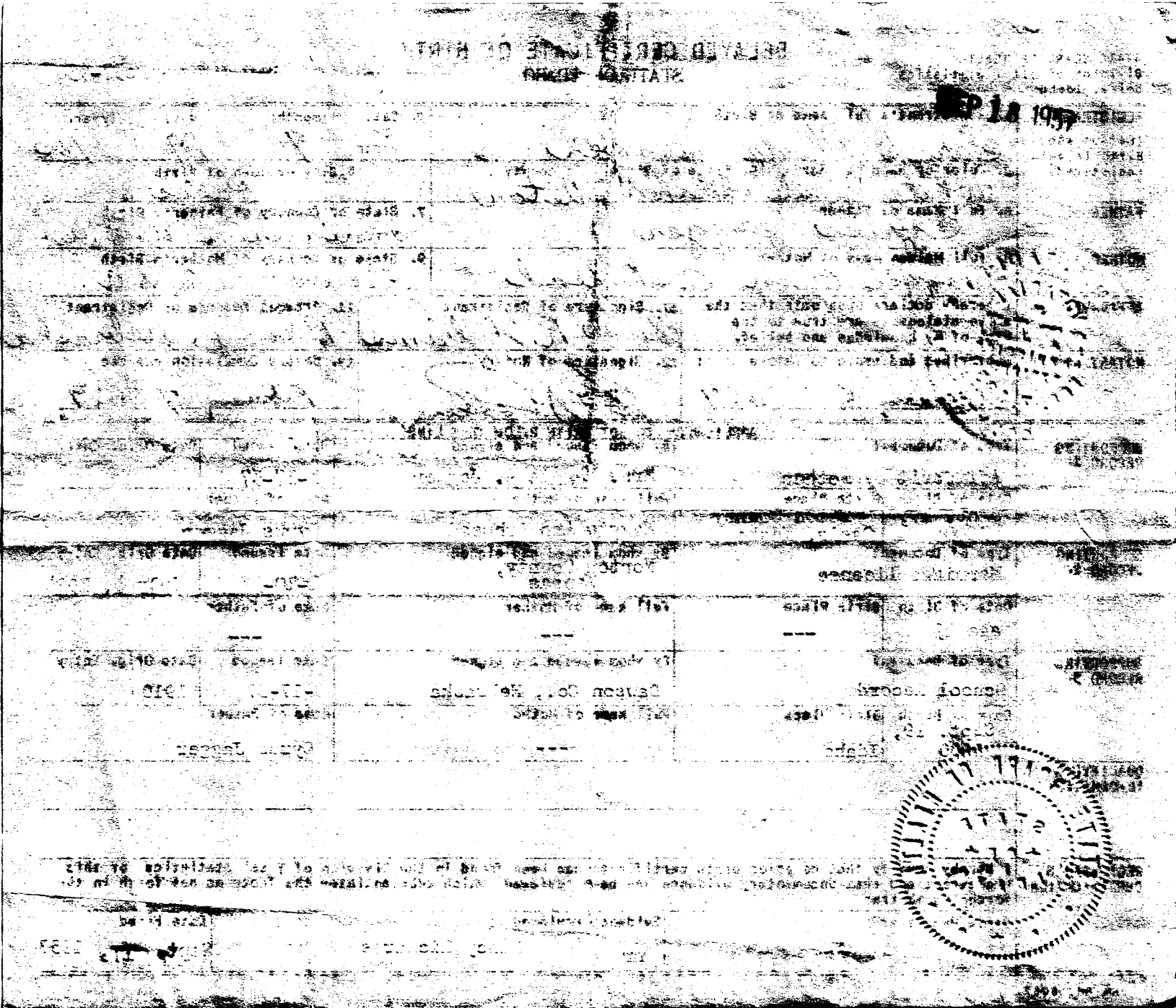
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: mr Nancy Richards
Date Filed: Sept. 17, 1957

FORM BH 56067



432-123-010-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-952

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delroy McBride
2. Date Of Birth: October 23, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Heber K. McBride
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Arvilla Avery
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delroy McBride
11. Present Address of Registrant: Gooding Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 25 1957
12. Signature of Notary: Anna Scanlon
13. Notary Commission expires: June 4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 4, 1936
	Date of Birth: Oct. 23, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Tlitha Arvilla Avery	Name of Father: Heber Kimble McBride
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 1-14-48	Date Orig. Entry:
	Date of Birth: Oct. 23, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 72	By whom issued and signed: Mrs. Anna Barrus	Date Issued: 9-19-57	Date Orig. Entry:
	Date of Birth: Oct. 23, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Tlitha Arvilla Avery McBride	Name of Father: Heber Kimble McBride

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Sept. 26, 1957

FORM BH 56067

2 copies paid

SEP 27

546-219-030-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-959

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Edwards
2. Date Of Birth (month) (day) (year): March 19 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lemhi
b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Edgar S. Edwards
7. State or Country of Father's Birth: Leesburg, Idaho

MOTHER

8. Full Maiden Name of Mother: Maude E. Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude Edwards Briggs
11. Present Address of Registrant: May, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 16th 19 57

12. Signature of Notary: [signature]
13. Notary Commission expires: February 27 19 60

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Church of the Redeemer Salmon, Idaho	4-25-57	April 14, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1900	Salmon, Idaho	Maude E. Edwards	Edgar S. Edwards

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(present at birth) Affidavit by aunt, age 74	Katherine E. Spellman	4-30-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1900	Lemhi Co. Salmon, Idaho	Maude E. Johnson	Edgar S. Edwards

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	Orange Co., California		May 18, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Nancy Richards	Sept. 30, 1957

FORM BH 56067

154-224-039-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-977

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Estella Ethel Anderson
2. Date Of Birth (month) July (day) 24 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Power; b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Peter Anderson
7. State or Country of Father's Birth: Copenhagen Denmark

MOTHER

8. Full Maiden Name of Mother: Peter A. Lish on, Stella May
9. State or Country of Mother's Birth: Deer Lodge, Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Estella Ethel Frey
11. Present Address of Registrant: Lava Hot Springs, Ida

NOTARY (Seal)

Subscribed and sworn to before me on July 20 1957

12. Signature of Notary: [signature]
13. Notary Commission expires: March 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	LDS Church, Salt Lake City	9-5-57	Aug. 1, 1908
	Date of Birth July 24, 1900 / **Birth Place** Rockland, Idaho	**Full Name of Mother** Estella May Lish	**Name of Father** Peter Anderson	
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		April 15, 1952
	Date of Birth July 24, 1900 / **Birth Place** Power Co, Rockland, Idaho	**Full Name of Mother** Estella May Lish	**Name of Father** Peter Anderson	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #382054		child born June 18, 1923
	Date of Birth age 22 / **Birth Place** Rockland, Idaho	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Oct. 7, 1957

FORM BH 56067

1 copy issued

OCT 8 1957

512-122-028-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Chester Eash		2. Date Of Birth (month) (day) (year): Mar - 22 - 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Rathdrum Ida
FATHER	6. Full Name of Father: William E. Eash		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Lela Arizona Megary		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold C. Eash	11. Present Address of Registrant: Spokane Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 6th 1957	12. Signature of Notary: A. G. Treffry	13. Notary Commission expires: March 4th 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lela Arzona Eash	Date issued: 7-9-57	Date Orig. Entry:
	Date of Birth: March 22, 1900; Birth Place: near Rathdrum, Idaho	Full Name of Mother: Lela Arzona Eash	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Railroad Retirement Board	Date issued:	Date Orig. Entry: Dec. 30, 1936
	Date of Birth: March 22, 1900; Birth Place: Kootenai Co. Rathdrum, Idaho	Full Name of Mother: Lela Megary	Name of Father: William E. Eash	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Original viewed by Notary Public, A. G. Treffry, Spokane	Date issued: on 10-10-57	Date Orig. Entry: obviously old record
	Date of Birth: March 22, 1900; Birth Place: Rathdrum, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Oct. 16, 1957

FORM BH 56067

1 copy fd

OCT 16 1957

851-216-025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Lena Heartburg			2. Date of Birth (month) August (day) 16 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood, Idaho	
FATHER	6. Full Name of Father: Frans Gus Heartburg			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Johanna Broman			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Martha L. Russell	11. Present Address of Registrant: S. 2323 Lincoln St. Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1957		12. Signature of Notary: Evan P. Eller	13. Notary Commission expires: Mar. 20 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #1180 certified copy		Date Issued: 7-10-57	Date Orig. Entry: child born July 5, 1926
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: April 10, 1944
	Date of Birth: Aug. 16, 1900	Birth Place: Cottonwood, Idaho	Full Name of Mother: Johanna Broman	Name of Father: Frans G. Heartburg	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 74	By whom issued and signed: Belle Asker		Date Issued: 10-7-57	Date Orig. Entry:
	Date of Birth: Aug. 16, 1900	Birth Place: Cottonwood, Idaho	Full Name of Mother: Johanna Broman Heartburg	Name of Father: Frans G. Heartburg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Oct. 22, 1957

FORM BH 56067 1 copy paid

OCT 22

253-212-003-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1057
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vella Josephine Bell
2. Date of Birth (month) (day) (year): Dec. 12 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Dempsey (Now--Lava Hot Springs) Ida.

FATHER

6. Full Name of Father: Joseph Bell
7. State or Country of Father's Birth: Idaho. Franklin Co.

MOTHER

8. Full Maiden Name of Mother: Effie Avery
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vella Josephine Bell
11. Present Address of Registrant: Jamestown Calif

NOTARY (Seal)

Subscribed and sworn to before me on: August 4, 1957
12. Signature of Notary: Vernon Legg McDonald
13. Notary Commission expires: My Commission Expires January 7, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #183593		child born Aug. 4, 1930
Class* B	**Date of Birth** age 29	**Birth Place** Idaho	**Full Name of Mother** ---	**Name of Father** ---
SUPPORTING RECORD 2.	Affidavit by father	Joseph Bell	10-3-57	
Class B	**Date of Birth** Dec. 12, 1900	**Birth Place** Dempsey, Idaho (now Lava Hot Springs)	**Full Name of Mother** Effie Avery	**Name of Father** Joseph Bell
SUPPORTING RECORD 3.	Social Security Record	Treausry Dept.		July 13, 1944
Class B	**Date of Birth** Dec. 12, 1900	**Birth Place** Lava Hot Springs, Ida.	**Full Name of Mother** Effie Avery	**Name of Father** Joe Bell

QUALIFYING INFORMATION

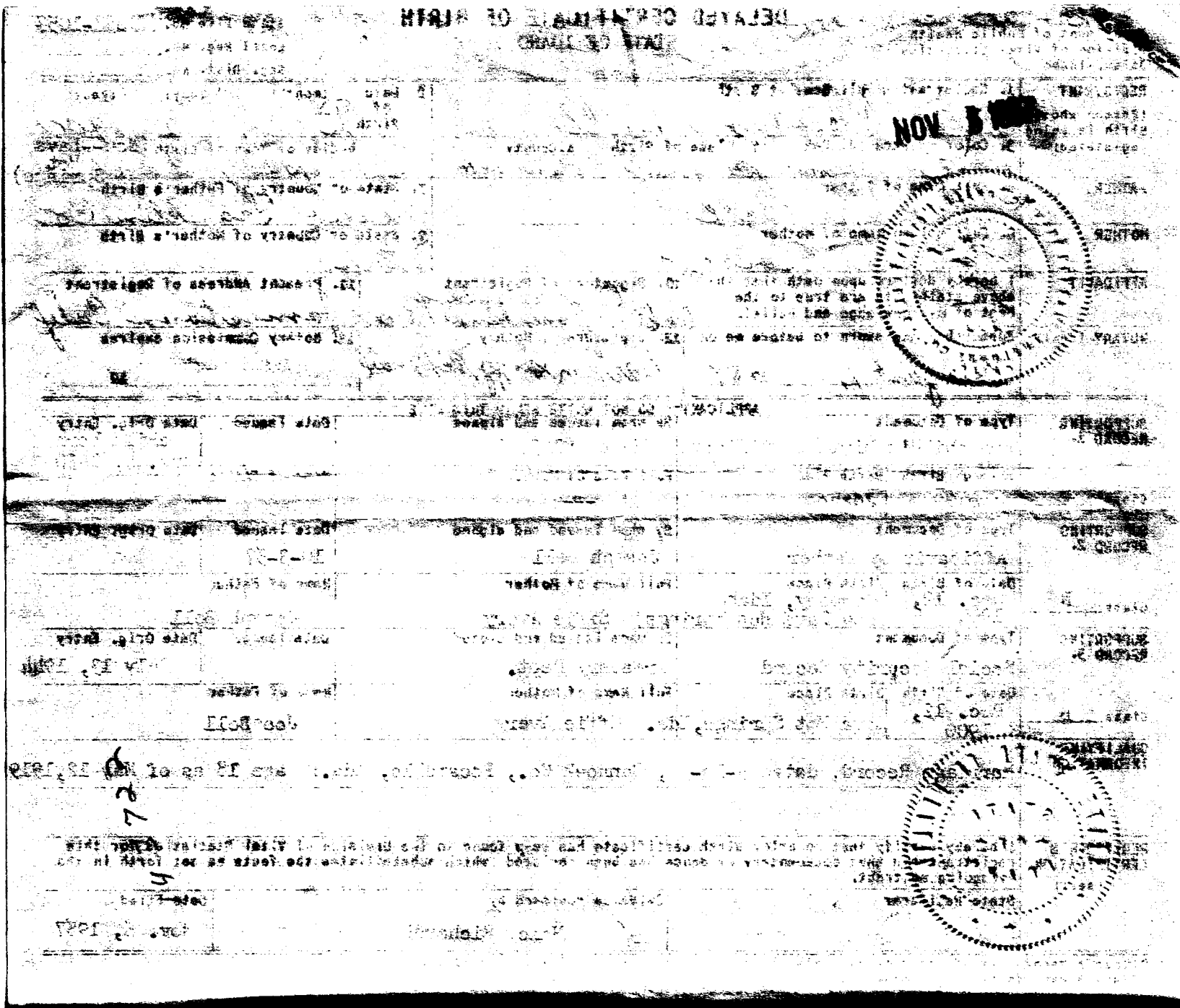
Marriage Record, dated 9-18-57, Bannock Co., Pocatello, Ida.: age 18 as of May 12,1919

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Nov. 5, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



451-114-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Melvin Dean			2. Date of Birth (month) August (day) 14 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: William Henry Dean			7. State or Country of Father's Birth: Carlin, Nevada
MOTHER	8. Full Maiden Name of Mother: Jane McKenzey Smith			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Melvin Dean		11. Present Address of Registrant: 125 Font Blvd., San Francisco, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: November 8, 1957	12. Signature of Notary: Ernest O. Meyer		13. Notary Commission expires: Oct. 4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Pocatello Stake, Pocatello Ward, LDS Church	Date issued: 10-4-57	Date Orig. Entry: March 30, 1902
	Date of Birth: Aug. 14, 1900	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Jane McKenzey Smith	Name of Father: William Henry Dean	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: Aug. 14, 1900	Birth Place: Pocatello, Idaho	Full Name of Mother: Jennie M. Smith	Name of Father: William H. Dean	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Jane Dean	Date issued: 5-27-57	Date Orig. Entry:
	Date of Birth: Aug. 14, 1900	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Jane Dean	Name of Father: William Henry Dean	

QUALIFYING INFORMATION: Insurance Record, Beneficial Life Ins. Co., 10-4-57: application dated Aug. 16, 1921; born on Aug. 14, 1900 at Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	nr Nancy Richards	Nov. 15, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 25 1957

SUBJECT	[illegible]	[illegible]	August 31, 1900
FATHER	[illegible]	Bannock	Pocatello, Idaho
MOTHER	[illegible]		[illegible]
AFFIDAVIT	[illegible]	[illegible]	[illegible]
NOTARY	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD	[illegible]	Pocatello Stake, Pocatello	March 30, 1902
SUPPORTING RECORD	[illegible]	Jane McKenzie Smith	William Henry Dean
	Social Security Record	Treasury Dept.	Dec. 1, 1936
SUPPORTING RECORD	[illegible]	Jennie M. Smith	William M. Dean
	[illegible]	[illegible]	[illegible]
	[illegible]	Jane Dean	William Henry Dean

QUALIFYING INFORMATION: Inspector Record, Beneficial Life Ins. Co., 10-[illegible]; application dated Aug. 16, 1971; [illegible] 14, 1900 at Idaho.

RELATIVE CERTIFICATE: [illegible]

[illegible]	Nancy [illegible]	Nov. 25, 1957

249-108-009-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1135

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Roscoe Burkhart
2. Date of Birth: (month) MAY (day) 8 (year) 1900
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County: Idaho Pend Oreille; b. City or Town of Birth: LAKEVIEW

FATHER

6. Full Name of Father: George Washington Burkhart
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: Bertha Lillian Needham
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Burkhart
11. Present Address of Registrant: RT 2 Box 088 Oregon City, Ore

NOTARY (Seal)

Subscribed and sworn to before me on November 7, 1957

12. Signature of Notary: Mary E. Whitehouse
13. Notary Commission expires: Sept. 10, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: March 8, 1939
Date of Birth: May 8, 1900
Birth Place: Lakeview, Idaho
Full Name of Mother: Lillian Needham
Name of Father: George Washington Burkhart

SUPPORTING RECORD 2.

Type of Document: Insurance Policy Application
By whom issued and signed: World Insurance Co.
Date Issued:
Date Orig. Entry: Jan. 23, 1951
Date of Birth: May 8, 1900
Birth Place: Lake View, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: Washington #70 certified copy
Date Issued: 4-3-41
Date Orig. Entry: May 27, 1924
Date of Birth: age 24
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

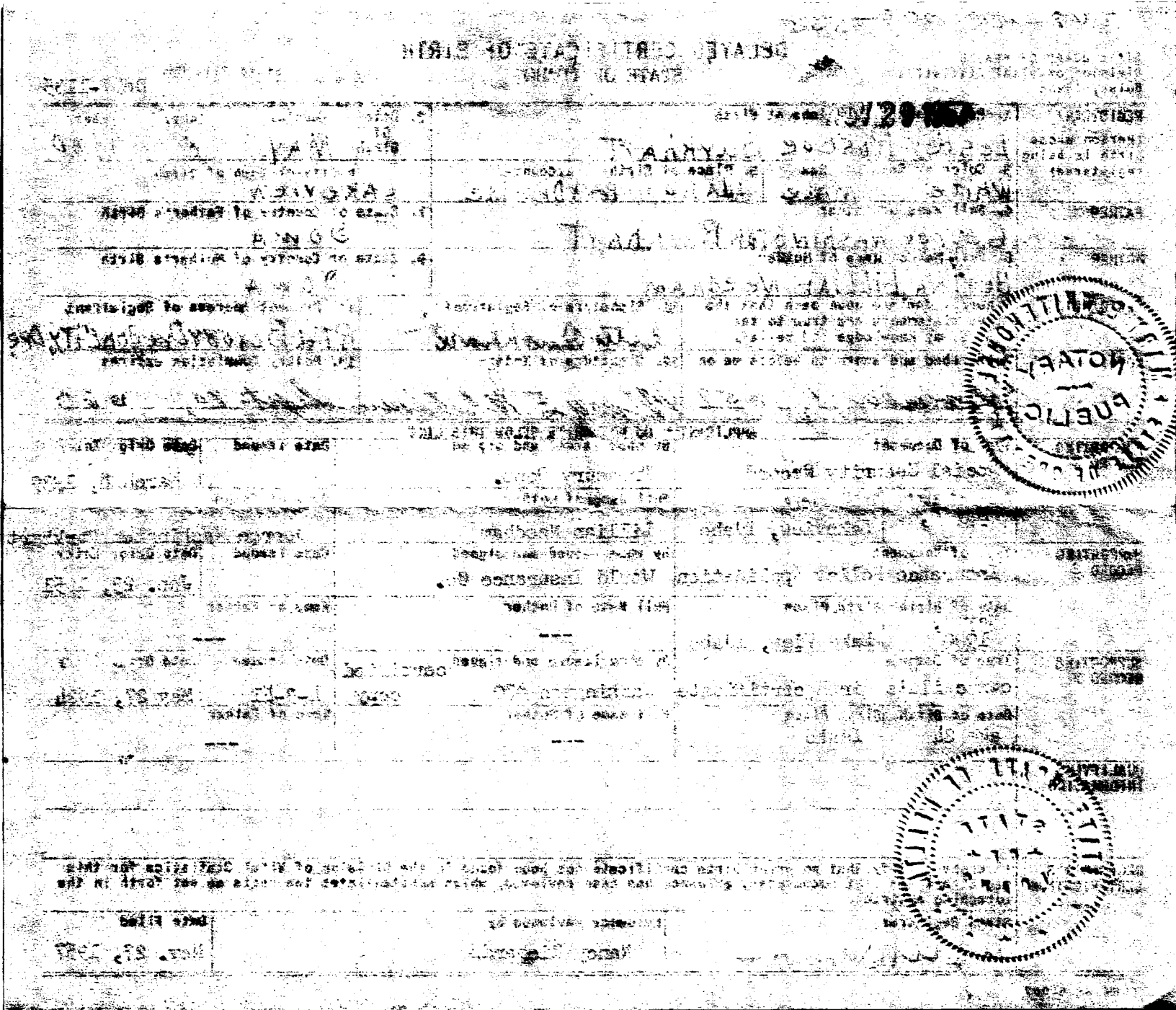
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Jenson
Evidence reviewed by: Nancy Richards
Date Filed: Nov. 27, 1957

FORM BH 56067



363-224-016-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1186

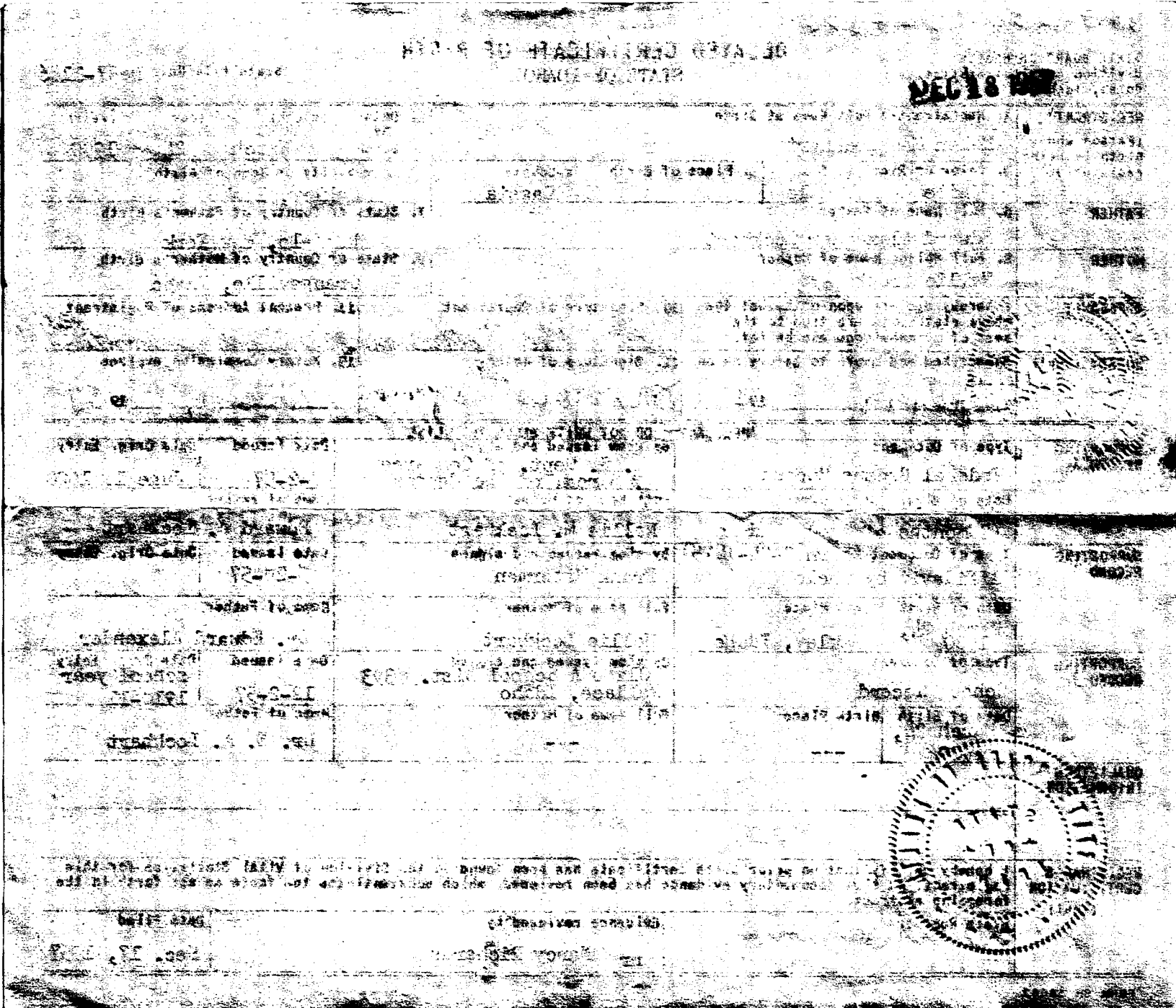
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Mae Lockhart			2. Date Of Birth (month) March (day) 24 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: Edward Alexander Lockhart			7. State or Country of Father's Birth: Buffalo, New York
MOTHER	8. Full Maiden Name of Mother: Nellie Crooks			9. State or Country of Mother's Birth: Grangeville, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Mae Lutterman		11. Present Address of Registrant: 8200 Cherry - Fontana Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1957	12. Signature of Notary: Marjorie Chapman		13. Notary Commission expires: Dec 1, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 7-2-57	Date Orig. Entry: June 1, 1900
	Date of Birth: March, 1900 (2 months of age)	Birth Place: Idaho	Full Name of Mother: Nellie M. Lockhart	Name of Father: Edward A. Lockhart
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle (born 7-24-1875)	By whom issued and signed: Frank Waterman	Date Issued: 5-28-57	Date Orig. Entry:
	Date of Birth: March 24, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: Nellie Lockhart	Name of Father: Dr. Edward Alexander
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Class A School Dist. #393 Wallace, Idaho	Date Issued: 12-2-57	Date Orig. Entry: school year 1910-11
	Date of Birth: March 24, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: Dr. E. A. Lockhart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. E. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 17, 1957

FORM BH 56067



791-223-007-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-29

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cynthia Margaret [redacted] Graham		2. Date Of Birth (month) Nov. (day) 23 (year) 1900
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Hailey, Ida Blaine; b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Freeman Graham		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ida Mary Bourgois		9. State or Country of Mother's Birth: Silver City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cynthia M. Davy	11. Present Address of Registrant: Box 232 - Electric City, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: December 26 1957	12. Signature of Notary: Naomi Manzer	13. Notary Commission expires: April 8 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: St. Peter's R. C. Church Shoshone	Date issued: 12-7-57	Date Orig. Entry: Aug. 21, 1913
	Date of Birth: Nov. 23, 1900	Birth Place: Hailey, Idaho	Full Name of Mother: Ida Burguise	Name of Father: Freeman Graham
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Joseph W. Fuld, age 70 more than	Date issued: 12-23-57	Date Orig. Entry:
	Date of Birth: Nov. 23, 1900	Birth Place: Blaine Co. Hailey, Idaho	Full Name of Mother: Ida Mary Bourgois Graham	Name of Father: Freeman Graham
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #4173	Date issued:	Date Orig. Entry: child born July 28, 1923
	Date of Birth: age 22	Birth Place: Hailey, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Jan. 22, 1958

FORM BH 56067

165-224-007-228

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Alberta Jones			2. Date Of Birth (month) April (day) 24, (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: James Miller Jones			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ida Rosetta Skyles			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen A. Hamelrath		11. Present Address of Registrant: Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 27, 1958	12. Signature of Notary: Joseph N Gale		13. Notary Commission expires: Feb. 24, 1960	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 30, 1941
	Date of Birth: April 24, 1900	Birth Place: Blaine Co. Hailey, Idaho	Full Name of Mother: Ida Rosetta Skyles	Name of Father: James Miller Jones	
SUPPORTING RECORD 2.	Type of Document: Statement regarding Insurance application	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: 9-26-57	Date Orig. Entry: Apr. 1, 1942
	Date of Birth: April 24, 1900	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ida R. Jones		Date Issued: 9-26-57	Date Orig. Entry:
	Date of Birth: April 24, 1900	Birth Place: Hailey, Idaho	Full Name of Mother: Idaho Rosetta Skyles	Name of Father: James Miller Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Nancy Richards	Feb. 12, 1958

FORM BH 56067

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

PUBLIC HEALTH SERVICE

CERTIFICATE OF BIRTH

STATE OF TEXAS

1. NAME OF CHILD: [redacted]

2. SEX: Male

3. THIS BIRTH: Single

4. DATE OF BIRTH: April 2, 1956

5. PLACE OF BIRTH (a. City or town): Houston

(b. County): Harris

(c. Hospital or institution): Jefferson Davis Hospital

6. FULL NAME OF FATHER: [redacted]

7. RESIDENCE OF FATHER: Houston, Texas

8. COLOR OR RACE: White

9. AGE AT LAST BIRTHDAY: 21

10. BIRTHPLACE (State or foreign country): Texas

11. OCCUPATION: Laborer

12. INDUSTRY OR BUSINESS: Construction

13. MAIDEN NAME OF MOTHER: [redacted]

14. RESIDENCE OF MOTHER: Houston, Texas

15. COLOR OR RACE: White

16. AGE AT LAST BIRTHDAY: 20

17. BIRTHPLACE (State or foreign country): Texas

18. OCCUPATION: Housewife

19. INDUSTRY OR BUSINESS: None

20. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING: 1

21. NUMBER OF OTHER CHILDREN BORN ALIVE BUT NOW DEAD: 0

22. NUMBER OF CHILDREN BORN DEAD (STILLBORN): 0

23. INFORMANT: [redacted]

24. ADDRESS: Houston, Texas

25. DATE FILED: Apr. 3, 1956

26. SIGNATURE OF REGISTRAR: [redacted]

27. DATE ACCEPTED BY REGISTRAR: Apr. 3, 1956

28. DATE ISSUED: Apr. 3, 1956

29. SIGNATURE OF STATE REGISTRAR: [redacted]

30. DATE ISSUED: Apr. 3, 1956

31. SIGNATURE OF STATE REGISTRAR: [redacted]

32. DATE ISSUED: Apr. 3, 1956

33. SIGNATURE OF STATE REGISTRAR: [redacted]

34. DATE ISSUED: Apr. 3, 1956

35. SIGNATURE OF STATE REGISTRAR: [redacted]

36. DATE ISSUED: Apr. 3, 1956

37. SIGNATURE OF STATE REGISTRAR: [redacted]

38. DATE ISSUED: Apr. 3, 1956

39. SIGNATURE OF STATE REGISTRAR: [redacted]

40. DATE ISSUED: Apr. 3, 1956

41. SIGNATURE OF STATE REGISTRAR: [redacted]

42. DATE ISSUED: Apr. 3, 1956

43. SIGNATURE OF STATE REGISTRAR: [redacted]

44. DATE ISSUED: Apr. 3, 1956

45. SIGNATURE OF STATE REGISTRAR: [redacted]

46. DATE ISSUED: Apr. 3, 1956

47. SIGNATURE OF STATE REGISTRAR: [redacted]

48. DATE ISSUED: Apr. 3, 1956

49. SIGNATURE OF STATE REGISTRAR: [redacted]

50. DATE ISSUED: Apr. 3, 1956

51. SIGNATURE OF STATE REGISTRAR: [redacted]

52. DATE ISSUED: Apr. 3, 1956

53. SIGNATURE OF STATE REGISTRAR: [redacted]

54. DATE ISSUED: Apr. 3, 1956

55. SIGNATURE OF STATE REGISTRAR: [redacted]

56. DATE ISSUED: Apr. 3, 1956

57. SIGNATURE OF STATE REGISTRAR: [redacted]

58. DATE ISSUED: Apr. 3, 1956

59. SIGNATURE OF STATE REGISTRAR: [redacted]

60. DATE ISSUED: Apr. 3, 1956

61. SIGNATURE OF STATE REGISTRAR: [redacted]

62. DATE ISSUED: Apr. 3, 1956

63. SIGNATURE OF STATE REGISTRAR: [redacted]

64. DATE ISSUED: Apr. 3, 1956

65. SIGNATURE OF STATE REGISTRAR: [redacted]

66. DATE ISSUED: Apr. 3, 1956

67. SIGNATURE OF STATE REGISTRAR: [redacted]

68. DATE ISSUED: Apr. 3, 1956

69. SIGNATURE OF STATE REGISTRAR: [redacted]

70. DATE ISSUED: Apr. 3, 1956

71. SIGNATURE OF STATE REGISTRAR: [redacted]

72. DATE ISSUED: Apr. 3, 1956

73. SIGNATURE OF STATE REGISTRAR: [redacted]

74. DATE ISSUED: Apr. 3, 1956

75. SIGNATURE OF STATE REGISTRAR: [redacted]

76. DATE ISSUED: Apr. 3, 1956

77. SIGNATURE OF STATE REGISTRAR: [redacted]

78. DATE ISSUED: Apr. 3, 1956

79. SIGNATURE OF STATE REGISTRAR: [redacted]

80. DATE ISSUED: Apr. 3, 1956

81. SIGNATURE OF STATE REGISTRAR: [redacted]

82. DATE ISSUED: Apr. 3, 1956

83. SIGNATURE OF STATE REGISTRAR: [redacted]

84. DATE ISSUED: Apr. 3, 1956

85. SIGNATURE OF STATE REGISTRAR: [redacted]

86. DATE ISSUED: Apr. 3, 1956

87. SIGNATURE OF STATE REGISTRAR: [redacted]

88. DATE ISSUED: Apr. 3, 1956

89. SIGNATURE OF STATE REGISTRAR: [redacted]

90. DATE ISSUED: Apr. 3, 1956

91. SIGNATURE OF STATE REGISTRAR: [redacted]

92. DATE ISSUED: Apr. 3, 1956

93. SIGNATURE OF STATE REGISTRAR: [redacted]

94. DATE ISSUED: Apr. 3, 1956

95. SIGNATURE OF STATE REGISTRAR: [redacted]

96. DATE ISSUED: Apr. 3, 1956

97. SIGNATURE OF STATE REGISTRAR: [redacted]

98. DATE ISSUED: Apr. 3, 1956

99. SIGNATURE OF STATE REGISTRAR: [redacted]

100. DATE ISSUED: Apr. 3, 1956

859-217-035-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-162

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Wilma Hersey
2. Date Of Birth (month) (day) (year): March 17 1900
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Waha, Nez Perce
b. City or Town of Birth: Waha, Idaho

FATHER

6. Full Name of Father: Wilbur J. Hersey
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Viola May (Kincaid)
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Hersey Bailey
11. Present Address of Registrant: 355 Horn Lane, Eugene, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: October 18, 1957
12. Signature of Notary: Robert L. Irwin
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 16, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Viewed by Division of Vital Statistics	on 1-29-58	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 17, 1900 / ---	Viola May Jersey	Wilber J. Hersey	
SUPPORTING RECORD 2.	own child's birth certificate	Washington Record #638 Reg. #31	6-9-41	child born Aug. 7, 1921
	age 21 / Idaho	---	---	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		June 2, 1937
	March 17, 1900 / Nez Perce Co. Waha, Idaho	Viola May Kincaid	Wilber J. Hersey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. H. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Feb. 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

1. Registrant's full name at birth		2. Date of birth (month, day, year)	
3. Place of birth (county, city)		4. Sex	
5. Name of Father		6. Color or race	7. Age (at last birthday)
8. Birthplace (state or foreign country)		9. Occupation (kind of work done)	
10. Full name of Mother		11. Color or race	12. Age (at last birthday)
13. Birthplace (state or foreign country)		14. Occupation (kind of work done)	

AFFIDAVIT: Before completing this section, read carefully the instructions on the reverse side. Be sure all statements are true and complete to the best of your knowledge and belief.

15. Signature of Affiant	16. Present Address	
SUBSCRIBED AND SWORN TO before me on (date)	17. Signature of Notary	18. Notary Commission expires

NOTARY'S SEAL

SUPPORTING RECORD 1	19. Type of Document	20. Date Issued	21. Date Of Entry
	22. Issued to (Name at Birth)		

SUPPORTING RECORD 2	23. Type of Document	24. Date Issued	25. Date Filed
	26. Issued to (Name at Birth)		

SUPPORTING RECORD 3	27. Type of Document	28. Date Issued	29. Date Filed
	30. Issued to (Name at Birth)		

SUPPORTING RECORD 4	31. Type of Document	32. Date Issued	33. Date Filed
	34. Issued to (Name at Birth)		

SUPPORTING RECORD 5	35. Type of Document	36. Date Issued	37. Date Filed
	38. Issued to (Name at Birth)		

SUPPORTING RECORD 6	39. Type of Document	40. Date Issued	41. Date Filed
	42. Issued to (Name at Birth)		

SUPPORTING RECORD 7	43. Type of Document	44. Date Issued	45. Date Filed
	46. Issued to (Name at Birth)		

SUPPORTING RECORD 8	47. Type of Document	48. Date Issued	49. Date Filed
	50. Issued to (Name at Birth)		

SUPPORTING RECORD 9	51. Type of Document	52. Date Issued	53. Date Filed
	54. Issued to (Name at Birth)		

SUPPORTING RECORD 10	55. Type of Document	56. Date Issued	57. Date Filed
	58. Issued to (Name at Birth)		

SUPPORTING RECORD 11	59. Type of Document	60. Date Issued	61. Date Filed
	62. Issued to (Name at Birth)		

SUPPORTING RECORD 12	63. Type of Document	64. Date Issued	65. Date Filed
	66. Issued to (Name at Birth)		

SUPPORTING RECORD 13	67. Type of Document	68. Date Issued	69. Date Filed
	70. Issued to (Name at Birth)		

SUPPORTING RECORD 14	71. Type of Document	72. Date Issued	73. Date Filed
	74. Issued to (Name at Birth)		

SUPPORTING RECORD 15	75. Type of Document	76. Date Issued	77. Date Filed
	78. Issued to (Name at Birth)		

SUPPORTING RECORD 16	79. Type of Document	80. Date Issued	81. Date Filed
	82. Issued to (Name at Birth)		

SUPPORTING RECORD 17	83. Type of Document	84. Date Issued	85. Date Filed
	86. Issued to (Name at Birth)		

SUPPORTING RECORD 18	87. Type of Document	88. Date Issued	89. Date Filed
	90. Issued to (Name at Birth)		

SUPPORTING RECORD 19	91. Type of Document	92. Date Issued	93. Date Filed
	94. Issued to (Name at Birth)		

SUPPORTING RECORD 20	95. Type of Document	96. Date Issued	97. Date Filed
	98. Issued to (Name at Birth)		

SUPPORTING RECORD 21	99. Type of Document	100. Date Issued	101. Date Filed
	102. Issued to (Name at Birth)		

SUPPORTING RECORD 22	103. Type of Document	104. Date Issued	105. Date Filed
	106. Issued to (Name at Birth)		

SUPPORTING RECORD 23	107. Type of Document	108. Date Issued	109. Date Filed
	110. Issued to (Name at Birth)		

SUPPORTING RECORD 24	111. Type of Document	112. Date Issued	113. Date Filed
	114. Issued to (Name at Birth)		

SUPPORTING RECORD 25	115. Type of Document	116. Date Issued	117. Date Filed
	118. Issued to (Name at Birth)		

SUPPORTING RECORD 26	119. Type of Document	120. Date Issued	121. Date Filed
	122. Issued to (Name at Birth)		

SUPPORTING RECORD 27	123. Type of Document	124. Date Issued	125. Date Filed
	126. Issued to (Name at Birth)		

SUPPORTING RECORD 28	127. Type of Document	128. Date Issued	129. Date Filed
	130. Issued to (Name at Birth)		

SUPPORTING RECORD 29	131. Type of Document	132. Date Issued	133. Date Filed
	134. Issued to (Name at Birth)		

SUPPORTING RECORD 30	135. Type of Document	136. Date Issued	137. Date Filed
	138. Issued to (Name at Birth)		

SUPPORTING RECORD 31	139. Type of Document	140. Date Issued	141. Date Filed
	142. Issued to (Name at Birth)		

SUPPORTING RECORD 32	143. Type of Document	144. Date Issued	145. Date Filed
	146. Issued to (Name at Birth)		

SUPPORTING RECORD 33	147. Type of Document	148. Date Issued	149. Date Filed
	150. Issued to (Name at Birth)		

SUPPORTING RECORD 34	151. Type of Document	152. Date Issued	153. Date Filed
	154. Issued to (Name at Birth)		

SUPPORTING RECORD 35	155. Type of Document	156. Date Issued	157. Date Filed
	158. Issued to (Name at Birth)		

SUPPORTING RECORD 36	159. Type of Document	160. Date Issued	161. Date Filed
	162. Issued to (Name at Birth)		

SUPPORTING RECORD 37	163. Type of Document	164. Date Issued	165. Date Filed
	166. Issued to (Name at Birth)		

SUPPORTING RECORD 38	167. Type of Document	168. Date Issued	169. Date Filed
	170. Issued to (Name at Birth)		

SUPPORTING RECORD 39	171. Type of Document	172. Date Issued	173. Date Filed
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SUPPORTING RECORD 40	175. Type of Document	176. Date Issued	177. Date Filed
	178. Issued to (Name at Birth)		

SUPPORTING RECORD 41	179. Type of Document	180. Date Issued	181. Date Filed
	182. Issued to (Name at Birth)		

SUPPORTING RECORD 42	183. Type of Document	184. Date Issued	185. Date Filed
	186. Issued to (Name at Birth)		

SUPPORTING RECORD 43	187. Type of Document	188. Date Issued	189. Date Filed
	190. Issued to (Name at Birth)		

SUPPORTING RECORD 44	191. Type of Document	192. Date Issued	193. Date Filed
	194. Issued to (Name at Birth)		

SUPPORTING RECORD 45	195. Type of Document	196. Date Issued	197. Date Filed
	198. Issued to (Name at Birth)		

SUPPORTING RECORD 46	199. Type of Document	200. Date Issued	201. Date Filed
	202. Issued to (Name at Birth)		

SUPPORTING RECORD 47	203. Type of Document	204. Date Issued	205. Date Filed
	206. Issued to (Name at Birth)		

SUPPORTING RECORD 48	207. Type of Document	208. Date Issued	209. Date Filed
	210. Issued to (Name at Birth)		

SUPPORTING RECORD 49	211. Type of Document	212. Date Issued	213. Date Filed
	214. Issued to (Name at Birth)		

SUPPORTING RECORD 50	215. Type of Document	216. Date Issued	217. Date Filed
	218. Issued to (Name at Birth)		

SUPPORTING RECORD 51	219. Type of Document	220. Date Issued	221. Date Filed
	222. Issued to (Name at Birth)		

SUPPORTING RECORD 52	223. Type of Document	224. Date Issued	225. Date Filed
	226. Issued to (Name at Birth)		

SUPPORTING RECORD 53	227. Type of Document	228. Date Issued	229. Date Filed
	230. Issued to (Name at Birth)		

SUPPORTING RECORD 54	231. Type of Document	232. Date Issued	233. Date Filed
	234. Issued to (Name at Birth)		

SUPPORTING RECORD 55	235. Type of Document	236. Date Issued	237. Date Filed
	238. Issued to (Name at Birth)		

SUPPORTING RECORD 56	239. Type of Document	240. Date Issued	241. Date Filed
	242. Issued to (Name at Birth)		

SUPPORTING RECORD 57	243. Type of Document	244. Date Issued	245. Date Filed
	246. Issued to (Name at Birth)		

SUPPORTING RECORD 58	247. Type of Document	248. Date Issued	249. Date Filed
	250. Issued to (Name at Birth)		

SUPPORTING RECORD 59	251. Type of Document	252. Date Issued	253. Date Filed
	254. Issued to (Name at Birth)		

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	258. Issued to (Name at Birth)		

SUPPORTING RECORD 61	259. Type of Document	260. Date Issued	261. Date Filed
	262. Issued to (Name at Birth)		

SUPPORTING RECORD 62	263. Type of Document	264. Date Issued	265. Date Filed
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SUPPORTING RECORD 63	267. Type of Document	268. Date Issued	269. Date Filed
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SUPPORTING RECORD 64	271. Type of Document	272. Date Issued	273. Date Filed
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SUPPORTING RECORD 66	279. Type of Document	280. Date Issued	281. Date Filed
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SUPPORTING RECORD 69	291. Type of Document	292. Date Issued	293. Date Filed
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SUPPORTING RECORD 70	295. Type of Document	296. Date Issued	297. Date Filed
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SUPPORTING RECORD 86	359. Type of Document	360. Date Issued	361. Date Filed
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SUPPORTING RECORD 117	483. Type of Document	484. Date Issued	485. Date Filed
	486. Issued to (Name at Birth)		

SUPPORTING RECORD 118	487. Type of Document	488. Date Issued	489. Date Filed
	490. Issued to (Name at Birth)		

SUPPORTING RECORD 119	491. Type of Document	492. Date Issued	493. Date Filed
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SUPPORTING RECORD 120	495. Type of Document	496. Date Issued	497. Date Filed
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SUPPORTING RECORD 121	499. Type of Document	500. Date Issued	501. Date Filed
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SUPPORTING RECORD 122	503. Type of Document	504. Date Issued	505. Date Filed
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	526. Issued to (Name at Birth)		

SUPPORTING RECORD 128	527. Type of Document	528. Date Issued	529. Date Filed
	530. Issued to (Name at Birth)		

SUPPORTING RECORD 129	531. Type of Document	532. Date Issued	533. Date Filed
	534. Issued to (Name at Birth)		

SUPPORTING RECORD 130	535. Type of Document	536. Date Issued	537. Date Filed
	538. Issued to (Name at Birth)		

SUPPORTING RECORD 131	539. Type of Document	540. Date Issued	541. Date Filed
	542. Issued to (Name at Birth)		

SUPPORTING RECORD 132	543. Type of Document	544. Date Issued	545. Date Filed
	546. Issued to (Name at Birth)		

SUPPORTING RECORD 133	547. Type of Document	548. Date Issued	549. Date Filed
	550. Issued to (Name at Birth)		

SUPPORTING RECORD 134	551. Type of Document	552. Date Issued	553. Date Filed
	554. Issued to (Name at Birth)		

SUPPORTING RECORD 135	555. Type of Document	556. Date Issued	557. Date Filed
	558. Issued to (Name at Birth)		

SUPPORTING RECORD 136	559. Type of Document	560. Date Issued	561. Date Filed
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SUPPORTING RECORD 137	563. Type of Document	564. Date Issued	565. Date Filed
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SUPPORTING RECORD 138	567. Type of Document	568. Date Issued	569. Date Filed
	570. Issued to (Name at Birth)		

SUPPORTING RECORD 139	571. Type of Document	572. Date Issued	573. Date Filed
	574. Issued to (Name at Birth)		

SUPPORTING RECORD 140	575. Type of Document	576. Date Issued	577. Date Filed
	578. Issued to (Name at Birth)		

SUPPORTING RECORD 141	579. Type of Document	580. Date Issued	581. Date Filed
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SUPPORTING RECORD 142	583. Type of Document	584. Date Issued	585. Date Filed
	586. Issued to (Name at Birth)		

SUPPORTING RECORD 143	587. Type of Document	588. Date Issued	589. Date Filed
	590. Issued to (Name at Birth)		

SUPPORTING RECORD 144	591. Type of Document	592. Date Issued	593. Date Filed
	594. Issued to (Name at Birth)		

SUPPORTING RECORD 145	595. Type of Document	596. Date Issued	597. Date Filed
	598. Issued to (Name at Birth)		

SUPPORTING RECORD 146	599. Type of Document	600. Date Issued	601. Date Filed
	602. Issued to (Name at Birth)		

SUPPORTING RECORD 147	603. Type of Document	604. Date Issued	605. Date Filed
	606. Issued to (Name at Birth)		

SUPPORTING RECORD 148	607. Type of Document	608. Date Issued	609. Date Filed
	610. Issued to (Name at Birth)		

SUPPORTING RECORD 149	611. Type of Document	612. Date Issued	613. Date Filed
	614. Issued to (Name at Birth)		

SUPPORTING RECORD 150	615. Type of Document	616. Date Issued	617. Date Filed
	618. Issued to (Name at Birth)		

SUPPORTING RECORD 151	619. Type of Document	620. Date Issued	621. Date Filed
	622. Issued to (Name at Birth)		

SUPPORTING RECORD 152	623. Type of Document	624. Date Issued	625. Date Filed
	626. Issued to (Name at Birth)		

SUPPORTING RECORD 153	627. Type of Document	628. Date Issued	629. Date Filed
	630. Issued to (Name at Birth)		

SUPPORTING RECORD 154	631. Type of Document	632. Date Issued	633. Date Filed
	634. Issued to (Name at Birth)		

SUPPORTING RECORD 155	635. Type of Document	636. Date Issued	637. Date Filed
	638. Issued to (Name at Birth)		

SUPPORTING RECORD 156	639. Type of Document	640. Date Issued	641. Date Filed
	642. Issued to (Name at Birth)		

SUPPORTING RECORD 157	643. Type of Document	644. Date Issued	645. Date Filed
	646. Issued to (Name at Birth)		

SUPPORTING RECORD 158	647. Type of Document	648. Date Issued	649. Date Filed
	650. Issued to (Name at Birth)		

SUPPORTING RECORD 159	651. Type of Document	652. Date Issued	653. Date Filed
	654. Issued to (Name at Birth)		

SUPPORTING RECORD 160	655. Type of Document	656. Date Issued	657. Date Filed
	658. Issued to (Name at Birth)		

SUPPORTING RECORD 161	659. Type of Document	660. Date Issued	661. Date Filed
	662. Issued to (Name at Birth)		

SUPPORTING RECORD 162	663. Type of Document	664. Date Issued	665. Date Filed
	666. Issued to (Name at Birth)		

SUPPORTING RECORD 163	667. Type of Document	668. Date Issued	669. Date Filed
	670. Issued to (Name at Birth)		

SUPPORTING RECORD 164	671. Type of Document	672. Date Issued	673. Date Filed
	674. Issued to (Name at Birth)		

SUPPORTING RECORD 165	675. Type of Document	676. Date Issued	677. Date Filed
	678. Issued to (Name at Birth)		

SUPPORTING RECORD 166	679. Type of Document	680. Date Issued	681. Date Filed
	682. Issued to (Name at Birth)		

SUPPORTING RECORD 167	683. Type of Document	684. Date Issued	685. Date Filed
	686. Issued to (Name at Birth)		

SUPPORTING RECORD 168	687. Type of Document	688. Date Issued	689. Date Filed
	690. Issued to (Name at Birth)		

SUPPORTING RECORD 169	691. Type of Document	692. Date Issued	693. Date Filed
	694. Issued to (Name at Birth)		

SUPPORTING RECORD 170	695. Type of Document	696. Date Issued	697. Date Filed
	698. Issued to (Name at Birth)		

SUPPORTING RECORD 171	699. Type of Document	700. Date Issued	701. Date Filed
	702. Issued to (Name at Birth)		

SUPPORTING RECORD 172	703. Type of Document	704. Date Issued	705. Date Filed
	706. Issued to (Name at Birth)		

SUPPORTING RECORD 173	707. Type of Document	708. Date Issued	709. Date Filed
	710. Issued to (Name at Birth)		

SUPPORTING RECORD 174	711. Type of Document	712. Date Issued	713. Date Filed
	714. Issued to (Name at Birth)		

SUPPORTING RECORD 175	715. Type of Document	716. Date Issued	717. Date Filed
	718. Issued to (Name at Birth)		

SUPPORTING RECORD 176	719. Type of Document	720. Date Issued	721. Date Filed
	722. Issued to (Name at Birth)		

SUPPORTING RECORD 177	723. Type of Document	724. Date Issued	725. Date Filed
	726. Issued to (Name at Birth)		

SUPPORTING RECORD 178	727. Type of Document	728. Date Issued	729. Date Filed
	730. Issued to (Name at Birth)		

SUPPORTING RECORD 179	731. Type of Document	732. Date Issued	733. Date Filed
	734. Issued to (Name at Birth)		

SUPPORTING RECORD 180	735. Type of Document	736. Date Issued	737. Date Filed
	738. Issued to (Name at Birth)		

SUPPORTING RECORD 181	739. Type of Document	740. Date Issued	741. Date Filed
	742. Issued to (Name at Birth)		

SUPPORTING RECORD 182	743. Type of Document	744. Date Issued	745. Date Filed
	746. Issued to (Name at Birth)		

SUPPORTING RECORD 183	747. Type of Document	748. Date Issued	749. Date Filed
	750. Issued to (Name at Birth)		

SUPPORTING RECORD 184	751. Type of Document	752. Date Issued	753. Date Filed
	754. Issued to (Name at Birth)		

SUPPORTING RECORD 185	755. Type of Document	756. Date Issued	757. Date Filed
	758. Issued to (Name at Birth)		

SUPPORTING RECORD 186	759. Type of Document	760. Date Issued	761. Date Filed
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SUPPORTING RECORD 187	763. Type of Document	764. Date Issued	765. Date Filed
	766. Issued to (Name at Birth)		

SUPPORTING RECORD 188	767. Type of Document	768. Date Issued	769. Date Filed
	770. Issued to (Name at Birth)		

SUPPORTING RECORD 189	771. Type of Document	772. Date Issued	773. Date Filed
	774. Issued to (Name at Birth)		

SUPPORTING RECORD 190	775. Type of Document	776. Date Issued	777. Date Filed
	778. Issued to (Name at Birth)		

SUPPORTING RECORD 191	779. Type of Document	780. Date Issued	781. Date Filed
	782. Issued to (Name at Birth)		

SUPPORTING RECORD 192	783. Type of Document	784. Date Issued	785. Date Filed
	786. Issued to (Name at Birth)		

SUPPORTING RECORD 193	787. Type of Document	788

145-228-003-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-240
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Christensen Ames			2. Date Of Birth (month) 8 (day) 28 (year) 1900
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bannock County, Idaho	b. City or Town of Birth: Cleveland, Bannock County, Idaho
FATHER	6. Full Name of Father: Daniel Carter Ames			7. State or Country of Father's Birth: Wellsville, Utah
MOTHER	8. Full Maiden Name of Mother: Carolina Marie Christensen			9. State or Country of Mother's Birth: Fyen, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva C Ames Vandermark		11. Present Address of Registrant: 733 East Lester St
NOTARY (Seal)	Subscribed and sworn to before me on: 1-18- 1957	12. Signature of Notary: J C Hoffman		13. Notary Commission expires: 9-14 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	(Baptism and Confirmation) Church Record	Cleveland Ward LDS Church	10-3-09	Oct. 2, 1909
Class* B	Date of Birth: Aug. 28, 1900 / Birth Place: Bannock Co. Cleveland, Idaho	Full Name of Mother: Maria Christensen	Name of Father: Daniel C. Ames	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 25, 1937
Class B	Date of Birth: Aug. 28, 1900 / Birth Place: Cleveland, Idaho	Full Name of Mother: Marie Christensen	Name of Father: Daniel Carter Ames	
SUPPORTING RECORD 3.	Type of Document: Application and Declaration of Physical Condition-LODGE RECORD	By whom issued and signed: Ladies Auxiliary to Aerie No. 119, Eagles; Pocatello, Idaho	Date Issued: 11-10-48	Date Orig. Entry: Nov. 10, 1948
Class B	Date of Birth: Aug. 28, 1900 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Denson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 20, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 20 1958

REGISTRANT

FATHER

MOTHER

AFFIDAVIT

SUPPORTING RECORD 1

SUPPORTING RECORD 2

SUPPORTING RECORD 3

QUALIFIED INFORMATION

RESIDENCE CERTIFICATE

Date Filed

656-109-036284

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-264
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chester Joseph Fifield
2. Date Of Birth (month) (day) (year): March 9 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho Oneida
b. City or Town of Birth: Weston

FATHER

6. Full Name of Father: Franklin McKinzey Fifield
7. State or Country of Father's Birth: Oneida Co. Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Alice Thupe
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chester Joseph Fifield
11. Present Address of Registrant: Warm Springs, Mont.

NOTARY (Seal)

Subscribed and sworn to before me on: November 20, 19 57
12. Signature of Notary: Ruth Spelman
13. Notary Commission expires: March 24, 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Federal Census Record	U. S. Bureau of the Census	9-18-57	June 1, 1900
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 1900 / Idaho	Alice Fifield	Frank Fifield	
SUPPORTING RECORD 2. Class B	Employment Identification Card	Anaconda Copper Mining Co. Butte, Montana	11-8-51	12-22-1936
	March 9, 1900 / Weston, Idaho	---	---	
SUPPORTING RECORD 3. Class B	own child's birth certificate	Idaho #165534		child born Sept. 7, 1928
	age 28 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	nr Nancy Richards	March 25, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)

2. Date of birth (Month, day, year)

3. Place of birth (County, city or town, and state)

4. Sex

5. Full name of father

6. Full maiden name of mother

7. Place of birth of father (State or country)

8. Place of birth of mother (State or country)

9. Usual residence of parents (State, county, city or town, and street address)

10. Occupation of father

11. Occupation of mother

12. Name and address of person or institution where child was born (If not born in hospital, give street address or location)

13. Kind of business or industry

14. Number of other children born to this mother

15. Number of other children now living

16. Was birth attended by a physician, midwife, or other person?

17. Was birth certificate filed within 5 days after birth?

18. Was birth registered with local registrar within one year after birth?

19. Was birth certificate ever filed before?

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495-217-036-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-270

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eliza Cecilia Dredge
2. Date Of Birth (month) (day) (year): December 17, 1900
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Oneida County
b. City or Town of Birth: Malad City

FATHER

6. Full Name of Father: Jesse Horatio Dredge
7. State or Country of Father's Birth: Malad City, Idaho

MOTHER

8. Full Maiden Name of Mother: Eliza Rosetta Kunz
9. State or Country of Mother's Birth: Bern, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eliza Cecilia Dredge Ritter
11. Present Address of Registrant: Malad City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 13th 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: Jan. 25th 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record-Baptism
By whom issued and signed: Malad 1st Ward, Malad Stake LDS Church
Date Issued: 12-17-49
Date Orig. Entry: Dec. 17, 1908
Date of Birth: Dec. 17, 1900
Birth Place: Oneida Co, Malad City, Idaho
Full Name of Mother: Eliza Rosetta Kunz
Name of Father: Jesse Horatio Dredge

SUPPORTING RECORD 2.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #179072
Date Issued:
Date Orig. Entry: child born Feb. 15, 1930
Date of Birth: age 29
Birth Place: Malad, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: July 15, 1939
Date of Birth: Dec. 17, 1900
Birth Place: Malad City, Idaho
Full Name of Mother: Eliza Rosetta Kunz
Name of Father: Jesse H. Dredge

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: nr Nancy Richards
Date Filed: March 27, 1958

FORM BH 56067

MAR 27 1958

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Full Name of Birth: [illegible]		2. Date of Birth: December 17, 1900	
3. Sex: White	4. Place of Birth: Wheeler	5. Place of Birth: Cheyenne County	6. City or Town of Birth: Malad City
7. Full Name of Father: [illegible]		7. State or Country of Father's Birth: Malad City, Idaho	
8. Full Maiden Name of Mother: [illegible]		8. State or Country of Mother's Birth: Idaho	
9. Mother's Address: [illegible]		9. Present Address of Registrant: Malad City, Idaho	
10. Signature of Registrant: [illegible]		10. Signature of Notary: [illegible]	
11. Subscribed and sworn to before me on: [illegible]		11. Notary Commission expires: [illegible]	

Name of Claimant: [illegible]	Date Issued: 12-17-49	Date Orig. Entry: Dec. 17, 1900	
Date of Birth: [illegible]	Place of Birth: Malad City, Idaho	Name of Father: Jesse Horatio Bradley	
Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 15, 1950
Date of Birth: Dec. 17, 1900	Birth Place: Malad City, Idaho	Full Name of Mother: Alice Rosetta Lunn	Name of Father: Jesse H. Bradley

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: Nancy [illegible]	Date Filed: March 27, 1958

395-225-028-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-282

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Molly Ann Crenshaw
2. Date Of Birth (month) Feb. (day) 25 (year) 1900
3. Color or Race: white
4. Sex: Fem.
5. Place of Birth: a. County Kootenai; b. City or Town of Birth: Rathdrum, Idaho.

FATHER

6. Full Name of Father: John Crenshaw
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Cora Johanna Borthwick
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mollyann Crenshaw Carmack
11. Present Address of Registrant: Box 547 Wickenburg, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on March 17 1958

12. Signature of Notary: Bernard J. Pollman
13. Notary Commission expires: Oct 5 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re: Insurance Record	By whom issued and signed: Northern Life Ins. Co. Seattle, Washington		Date Issued: 3-13-58	Date Orig. Entry: May 19, 1937
	Date of Birth: Feb. 25, 1900	Birth Place: Rathdrum, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Whitman County, Washington		Date Issued:	Date Orig. Entry: March 15, 1924
	Date of Birth: age 24	Birth Place: Rathdrum, Idaho	Full Name of Mother: Cora Borthwick		Name of Father: John Crenshaw
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Mistletoe Rebekah Lodge #85 Potlatch, Idaho		Date Issued: 3-13-58	Date Orig. Entry: June 9, 1925
	Date of Birth: age 25	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 1, 1958

FORM BH 56067 1 copy pd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 2 1958

713-210-025-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rowena Ruth Patterson			2. Date Of Birth: (month) May (day) 10 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Wieser
FATHER	6. Full Name of Father: William W. Patterson			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ida Elizebeth Copes			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rowena Ruth Patterson		11. Present Address of Registrant: 622 East Hancock, McPherson, Kansas.
NOTARY (Seal)	Subscribed and sworn to before me on: December 19, 1957	12. Signature of Notary: Emerald Colburn		13. Notary Commission expires: January 23, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 81	By whom issued and signed: (formerly Mae Patterson) Mae Bartlett	Date Issued: 12-31-57	Date Orig. Entry:
	Date of Birth: May 10, 1900 / Birth Place: Wieser, Idaho	Full Name of Mother: Ida Elizebeth Copes	Name of Father: William W. Patterson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy-Insurance Application	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued:	Date Orig. Entry: March 19, 1925
	Date of Birth: May 10, 1900 / Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of Bible Record	By whom issued and signed: original viewed by Notary Public Jeannette Adams, McPherson Co., Kansas	Date Issued: 3-15-58	Date Orig. Entry: original obviously old
	Date of Birth: May 10, 1900 / Birth Place: Weiser, Idaho	Full Name of Mother: Ida Eliza Copes	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: April 1, 1958

FORM BH 56067

MAY 24

APR 2 1958

268-102-035-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-322

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Harold Boyer
2. Date of Birth (month) (day) (year): May 2 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Nez Perce
   b. City or Town of Birth: Spalding

FATHER

6. Full Name of Father: Arthur Jackson Boyer
7. State or Country of Father's Birth: Missouri, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Frances Ophelia Martin
9. State or Country of Mother's Birth: Missouri, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: W H Boyer
11. Present Address of Registrant: 520 S. Washington St. Moscow, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 3 April 1958

12. Signature of Notary: H E Slade

13. Notary Commission expires: H. E. SLADE, Notary Public Latah County, Moscow, Idaho 19____ My Commission Expires 9-20-61

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother's brother (age 80)	George G. Martin	1-15-58	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	May 2, 1900	Spalding, Idaho	Frances Ophelia Boyer	Arthur Jackson Boyer
SUPPORTING RECORD 2.	Service Record	U. S. Army	discharged 3-12-46	entered Army Dec. 9, 1942
	May 2, 1900	Spalding, Idaho	---	---
SUPPORTING RECORD 3.	School Record	School Dist. No. 51, Culdesac, Idaho-Nez Perce Co. Recorder, Idaho	12-30-57	Sept. 1916
	age 16	---	---	Arthur Boyer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Beacom	mr Nancy Richards	April 22, 1958

FORM BH 56067 Copy Fld

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]-322

REGISTRAR (Person, Name, Birth in Value)	1. Registration Full Name of Birth: [illegible]	2. Date of Birth (month) May (day) 2 (year) 1900	
	3. Mother or Race: [illegible]	4. Sex: Male	5. Place of Birth (Account): New Yorke
		6. City or Town of Birth: Spalding	
PARTICIPANT	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Missouri, U.S.A.	
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: Missouri, U.S.A.	
AFFIDAVIT	11. Person Signature Upon Birth Date: [illegible]	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: 220 S. Washington St., Moscow, Idaho
MOTHER	14. Mother Signature Upon Birth Date: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother's Mother	2. Whom Issued and Signed: George G. Martin	Date Issued: 1-14-48	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Spalding, Idaho	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom Issued and Signed: G. S. Amey	Date Issued: 1-12-48	Date Orig. Entry: Nov. 2, 1948
	Date of Birth: May 2, 1900	Birth Place: Spalding, Idaho	Name of Father: ---	
SUPPORTING RECORD 3	Type of Document: School Record	By whom Issued and Signed: School Dist. No. 51, Clearwater, Idaho-Nez Perce Co. Recorder, Idaho	Date Issued: 12-31-47	Date Orig. Entry: Sept. 1946
	Date of Birth: Aug 16	Birth Place: ---	Name of Father: Arthur Toyer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 22, 1948

FORM BH 1057

435-212-035-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-361

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Cleo McEwen			2. Date Of Birth (month) 12 (day) 12 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Peck	
FATHER	6. Full Name of Father: Calvin Willard McEwen			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Octavia Hattie Howard			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable Cleo McEwen Quick		11. Present Address of Registrant: Rt. 1 Box 240 Waterford Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: February 26th 1958	12. Signature of Notary: Grace Winn		13. Notary Commission expires: Dec 17 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Washoe County, Reno, Nevada		Date Issued: 1-27-58	Date Orig. Entry: Aug. 20, 1928
	Date of Birth: age 27	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Octavia Howard McEwen		Date Issued: 4-11-58	Date Orig. Entry:
	Date of Birth: Dec. 12, 1900	Birth Place: near Peck, Idaho Nez Perce Co.	Full Name of Mother: Octavia Howard McEwen	Name of Father: Willard Calvin McEwen	
SUPPORTING RECORD 3.	Type of Document: photostatic copy Hospital Certificate of own child's birth	By whom issued and signed: Robertson Hospital Modesto, Calif.		Date Issued:	Date Orig. Entry: child born March 25, 1930
	Date of Birth: Dec. 12, 1900	Birth Place: Peck, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	April 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 29 [illegible]

REGISTRAR	1. Registrant's Full Name at Birth	2. Date of Birth
	4. Color or Race	5. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Marriage Record	By whom issued and signed: Washoe County, Reno, Nevada	Date Issued: 1-27-[illegible]	Date Orig. Entry: Aug. 20, 1938
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2	Type of Document: Affidavit Engineer	By whom issued and signed: Octavia Howard McEwen	Date Issued: 4-11-58	Date Orig. Entry:
	Date of Birth: Dec. 12, 1900	Birth Place: Nampa, Idaho	Full Name of Mother: Octavia Howard McEwen	Name of Father: William Calvin McEwen
SUPPORTING RECORD 3	Type of Document: Hospital Certificate of Own Child's Birth - Medesto, Calif.	By whom issued and signed: Robertson Hospital	Date Issued:	Date Orig. Entry: child born March 25, 1930
	Date of Birth: Dec. 12, 1900	Birth Place: Nampa, Idaho	Full Name of Mother: —	Name of Father: —

CERTIFICATION

REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.	
	Birth Registrar	Evidence reviewed by: Nancy Richards	Date Filed: April 28, 1958

298-117-025-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Monroe Bryant		2. Date Of Birth (month) Sept. (day) 17th (year) 1900
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Grangeville, Ida., Ida. County; b. City or Town of Birth:
FATHER	6. Full Name of Father: Erastus Jackson Bryant		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Sylvania Esther Wheeler		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Monroe Bryant	11. Present Address of Registrant: 7703 E. Glass, Spokane 6 Wash.
NOTARY (Seal)	Subscribed and sworn to before me on Myorn M. Humphrey Apr. 19th, 19 58	12. Signature of Notary: Myron M. Humphrey Myron M. Humphrey	13. Notary Commission expires 11/26/58 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: Sept. 17, 1900	Birth Place: Grangeville, Idaho	Full Name of Mother: Sylvania Ester Wheeler	Name of Father: Erastus Jackson Bryant
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (more than 10 yrs. older)	By whom issued and signed: Lolita Grace Ott	Date Issued: 4-19-58	Date Orig. Entry:
	Date of Birth: will be 58 yrs. on Sept. 17, 1958	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Deaconess Hospital Spokane 4, Wash.	Date Issued: 4-9-58	Date Orig. Entry: Dec. 6, 1944
	Date of Birth: Sept. 17, 1900 (age 44)	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: May 8, 1958	

FORM BH 56067

1 copy Fai

MAY 8 1958

396-202-007-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-429

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Maud Crofts.
2. Date Of Birth (month) (day) (year): October 2 1900.
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: ~~Hailey~~
b. City or Town of Birth: Hailey

FATHER

6. Full Name of Father: Alfred Crofts.
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lillian Rose Green
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Maud Sherman
11. Present Address of Registrant: 386 Riverside Ave Niles Calif.

NOTARY (Seal)

Subscribed and sworn to before me on April 30 1958

12. Signature of Notary: Ella Jolliff
13. Notary Commission expires: Dec. 30 1958.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of Assumption of B.V.M., R.C., Truckee, Calif.	Date Issued: 4-26-58	Date Orig. Entry: May 5, 1912	
	Date of Birth: Oct. 2, 1900	Birth Place: Haley, Idaho	Full Name of Mother: Rose Lillian Green	Name of Father: Alfred Crofts	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: F. E. Booth Co., Inc. Centerville, Calif.	Date Issued:	Date Orig. Entry: July 1945	
	Date of Birth: Oct. 2, 1900	Birth Place: Haley, Idaho	Full Name of Mother: Rose Green	Name of Father: Alfred Croft	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Apr. 21, 1942	
	Date of Birth: Oct. 2, 1900	Birth Place: Haley, Idaho	Full Name of Mother: Lillian Rosemond Green	Name of Father: Alfred Croft	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Nancy Richards	May 20, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

MAY 8 0 1958

666-209-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-519

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fay Elizabeth Woolard
2. Date Of Birth (month) Nov. (day) 9 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock County
b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: William Wirt Woolard
7. State or Country of Father's Birth: Grafton, Taylor Co. W. Va.

MOTHER

8. Full Maiden Name of Mother: Lila Hargraves
9. State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fay Woolard Fuell
11. Present Address of Registrant: 6728 S. E. 31, Portland 2, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on May 21 1958

12. Signature of Notary: Millicent D. Smith

13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan 19 14, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 4, 1942	
	Date of Birth: Nov. 9, 1900	Birth Place: Bannock Co. Pocatello, Ida.	Full Name of Mother: Lila Hargraves	Name of Father: William Wirt Woolard	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 5-14-58	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Lila Woolard	Name of Father: William Woolard	
SUPPORTING RECORD 3.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: Columbian Nat'l. Life Ins. Co. Boston, Massachusetts	Date Issued: statement 5-2-58	Date Orig. Entry: Feb. 27, 1918	
	Date of Birth: Nov. 9, 1900	Birth Place: Pocatello, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	Nancy Richards	June 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 18 1958

S.S. record showed "Ore" not Idaho as birthplace. Mrs. Benson wrote to call it Idaho & would suggestively record the change.

REGISTRAR: 1. Registrant's Full Name of Birth: Mrs. Elizabeth Woolard

2. Date of Birth: 9 Nov. 1900

3. Sex: Female

4. Place of Birth: Pocatello, Idaho

5. Mother's Birth: Bancroft Co. W. Va.

6. Full Name of Father: [illegible]

7. State of Country of Mother's Birth: Bancroft Co. W. Va.

8. Full Maiden Name of Mother: [illegible]

9. State of Country of Mother's Birth: [illegible]

10. Signature of Registrant: [illegible]

11. Date of Registrant: [illegible]

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible]

APPLICANT: [illegible]

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Nov. 4, 1942
Nov. 9, 1900 Bancroft Co. Pocatello, Ida.	Lila Hargraves	William Hart Woolard	

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Federal Census Record	[illegible] Bureau of the Census	5-14-58	Jan. 1, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 19	Idaho	Lila Woolard	William Woolard

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Insurance Policy	Columbian Nat'l. Life Ins. Co. Boston, Massachusetts	5-2-58	Feb. 27, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1900	Pocatello, Idaho	—	—

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible].

Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	June 17, 1958

286-225
022-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

JUN 19 1958
Bureau of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-562

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY GLADYS BROWER			2. Date Of Birth (month) (day) (year): September 25 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker Idaho
FATHER	6. Full Name of Father: JONATHAN H. BROWER			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: MARY HANNAH HINKS			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Gladys Brower		11. Present Address of Registrant: St. Anthony, Fremont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept. 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church Logan Temple, Logan, Utah	Date Issued: 4-28-58	Date Orig. Entry: June 20, 1944
	Date of Birth: Sept. 25, 1900	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Jonathan H. Brower
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 16, 1947
	Date of Birth: Sept. 25, 1900	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Johnathan D. Brower
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time of birth, born in 1866	By whom issued and signed: Joseph G. Brown	Date Issued: 6-17-58	Date Orig. Entry:
	Date of Birth: Sept. 25, 1900	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Johnathon H. Brower
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: June 25, 1958

FORM BH 56067

JUN 19 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D-56-562

JUN 25 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: MARY GLADYS BROWER	2. Date of Birth (month) (day) (year): September 25 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fremont Parker Idaho
FATHER	6. Name of Father: [illegible] H. BROWER	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Name of Mother: [illegible] HANNAH HINKS	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	9. Hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: St. Anthony, Fremont, Idaho
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record	By whom issued and signed: [illegible] Church Temple, Logan, Utah	Date Issued: [illegible]	Date Orig. Entry: June 20, 1944
	Date of Birth: [illegible] 1900	Birth Place: Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Jonathan H. Brower
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 14, 1947
	Date of Birth: Sept. 25, 1900	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Johnathon H. Brower
SUPPORTING RECORD 3	Type of Document: Affidavit by family friend at time of birth, born in 1866	By whom issued and signed: Joseph L. Brown	Date Issued: 6-17-58	Date Orig. Entry:
	Date of Birth: Sept. 25, 1900	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Mary Hannah Hinks	Name of Father: Johnathon H. Brower

SUPPLEMENTARY INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Mary Richards	June 25, 1958

FORM 80 Sheet

363-209-031-362

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-589
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Louise Lockwood			2. Date of Birth (month) (day) (year): September 9 1900
	3. Color or Race: (Anglo Saxon) white	4. Sex: F.	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Abraham Lincoln Lockwood			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Amy Augusta Roberts			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Louise Mann		11. Present Address of Registrant: 10626-61a Avenue, Edmonton Alberta, Canada
NOTARY (Seal)	Subscribed and sworn to before me on the 14th day of February, 19 58.	12. Signature of Notary: W. J. Staunton		13. Notary Commission expires: at the Will of Her Majesty. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Marriage Record		By whom issued and signed: Spokane County Washington	Date Issued: 2-13-58	Date Orig. Entry: Oct. 1, 1924
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother (born in): Amy Roberts (Pa.)	Name of Father (born in): L. Lockwood (Mo.)	
SUPPORTING RECORD 2. Class B	Type of Document: Immigration Record		By whom issued and signed: Chief, Immigration Records Canada	Date Issued: 3-5-58	Date Orig. Entry: Nov. 11, 1926
	Date of Birth: Age 26	Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Hospital Record		By whom issued and signed: Edgecliff Sanatorium Spokane, Washington	Date Issued: 6-20-58	Date Orig. Entry: July 25, 1924
	Date of Birth: Sept. 9, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Federal Census Record, U. S. Bureau of the Census, issued 1-16-58: age 19 as of Jan. 1, 1920; born in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beamon	mr Nancy Richards	July 3, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child	a. First	b. Middle	c. Last
	Marie	F.	[redacted]
2. Date of birth (month) (day) (year)		3. Place of birth (City or town)	(County)
September [illegible] 1930		[illegible]	Lewis
4. Sex		5. Name of father	
[illegible]		[illegible] Edgewood	
6. Name of mother		7. State or country of father's birth	
[illegible] Edgewood		Missouri	
8. Maiden name of mother		9. State or country of mother's birth	
[illegible] Rogers		Pennsylvania	

AFFIDAVIT I do solemnly swear upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant [illegible]

11. Present address of Registrant [illegible] Edgewood Avenue, Edmonton Alberta, Canada

NOTARY Subscribed and sworn to before me on [illegible] 19 37.

12. Signature of Notary [illegible]

13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Marriage Record	Shoshone County Magistrate	2-23-29	Dec. 1, 1928
	Date of Birth Birth Place	Full Name of Mother (Form 2b)	Name of Father	

SUPPORTING EVIDENCE	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Baptismal Record	Catholic Church Records Spokane	3-5-30	Nov. 11, 1928
Class 2	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Sept. 29 1930 Burke, Idaho	---	---	

SUPPORTING EVIDENCE	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Baptismal Record	Reverend Superior Spokane	5-20-30	July 29, 1928
Class 2	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Sept. 29 1930 ---	---	---	

Issued Pursuant to General Statute Section 1, U. S. Bureau of the Census, Circular L-15-30: Page 19 as of December 15, 1930: Born in Idaho.

CERTIFICATION I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar [illegible] MF Nancy Richards

Evidence reviewed by

Date Filed [illegible]

Class A Records are those made before the Registrant's fourth birthday
Class B Records are those made after the fourth ... but age at last ...

231-213-033-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-622

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SUSANNAH STACEY Archer, Madison, Idaho
2. Date Of Birth (month) (day) (year): July 13 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: b. City or Town of Birth

FATHER

6. Full Name of Father: Edwin Worrall Stacey
7. State or Country of Father's Birth: Tupton, Derbyshire, England

MOTHER

8. Full Maiden Name of Mother: Charlotte Anderson Marshall Gilchrist Wylie
9. State or Country of Mother's Birth: Brighton, Salt Lake, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Susannah Ashcraft
11. Present Address of Registrant: Adrian, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: July 10 1958
12. Signature of Notary: C. G. Brown
13. Notary Commission expires: Feb. 6 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics		Date Issued: 7-17-58	Date Orig. Entry: old record
	Date of Birth: July 13, 1900	Birth Place: ---	Full Name of Mother: Charlotte Wylie Stacey		Name of Father: Edwin Worrall Stacey
SUPPORTING RECORD 2.	Type of Document: Membership Application	By whom issued and signed: American Legion Auxiliary Unit No. 109, Oregon		Date Issued:	Date Orig. Entry: Feb. 1, 1939
	Date of Birth: July 13, 1900	Birth Place: Archer, Idaho	Full Name of Mother: Charlotte Stacey		Name of Father: Edwin W. Stacey
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: 5-19-37	Date Orig. Entry: May 16, 1937
	Date of Birth: July 13, 1900	Birth Place: Archer, Idaho	Full Name of Mother: ---		Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	July 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 145-229

JUL 18 1958

1. NAME	a. First	b. Middle	c. Last
(Person whose birth is recorded)			
2. Date of Birth (Month)	(Day)	(Year)	
3. City or Town of Birth		4. County	
5. State or Country of Birth			
6. Full Name of Father			
7. State or Country of Father's Birth			
8. Full Maiden Name of Mother			
9. State or Country of Mother's Birth			
10. I hereby declare under oath that the statements above are true to the best of my knowledge and belief.		11. Signature of Applicant	12. Present Address of Applicant
13. Subscribed and sworn to before me on		14. Signature of Notary	15. Notary Commission Expires

RECORD A.

16. Type of Document			
Certified Record			
17. Date Issued	18. Date Orig. Entry	19. Name of Custodian	
7-17-58	Prior to 1911	Mrs. Dorothy Lydia Stacey	
20. Name of Issuing Agency			
Bureau of Vital Statistics, Boise, Idaho			

RECORD B.

21. Type of Document			
Family Record			
22. Date Issued	23. Date Orig. Entry	24. Name of Custodian	
7-17-58	Prior to 1911	Mrs. Dorothy Lydia Stacey	
25. Name of Issuing Agency			
Bureau of Vital Statistics, Boise, Idaho			

RECORD C.

26. Type of Document			
Homestead Entry			
27. Date Issued	28. Date Orig. Entry	29. Name of Custodian	
7-17-58	May 10, 1927	Idaho National Bonefit Assoc.	
30. Name of Issuing Agency			
Bureau of Vital Statistics, Boise, Idaho			

RECORD D.

31. Type of Document			
Physician's Affidavit			
32. Date Issued	33. Date Orig. Entry	34. Name of Custodian	
July 17, 1958		Henry Taherson	
35. Name of Issuing Agency			
Bureau of Vital Statistics, Boise, Idaho			

36. CERTIFICATION: I hereby certify that I have examined the original records identified above and that no prior birth certificate has been found in the Bureau of Vital Statistics for this person, except as noted below. Supplementary evidence has been received which substantiates the facts as set forth in the application.

(Seal)

Signature of Registrar

Date Filed

July 17, 1958

Issuing Person's Name

Henry Taherson

FORM BH 3629

378-224-033-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-753

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verna May Layman
2. Date Of Birth (month) (day) (year): Feb. 24 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Rexburg, Madison
b. City or Town of Birth: Rexburg Idaho.

FATHER

6. Full Name of Father: John Layman
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Melissia May Fogg
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna May Harris
11. Present Address of Registrant: Ririe, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 7 1958
12. Signature of Notary: Elga Hann
13. Notary Commission expires: Nov. 14 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #273333		child born Dec. 20, 1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 28 / Rexburg, Idaho	---	---	
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		Jan. 4, 1943
	Feb. 24, 1900 / Madison Co. Rexburg, Idaho	May Fogg	John Layman	
SUPPORTING RECORD 3.	Affidavit by mother's sister (born 1-4-1889) (present at birth)	Minnie E. Knapp	8-28-58	
	Feb. 24, 1900 / Rexburg, Idaho	Melissa May Layman	Johnnie Layman	

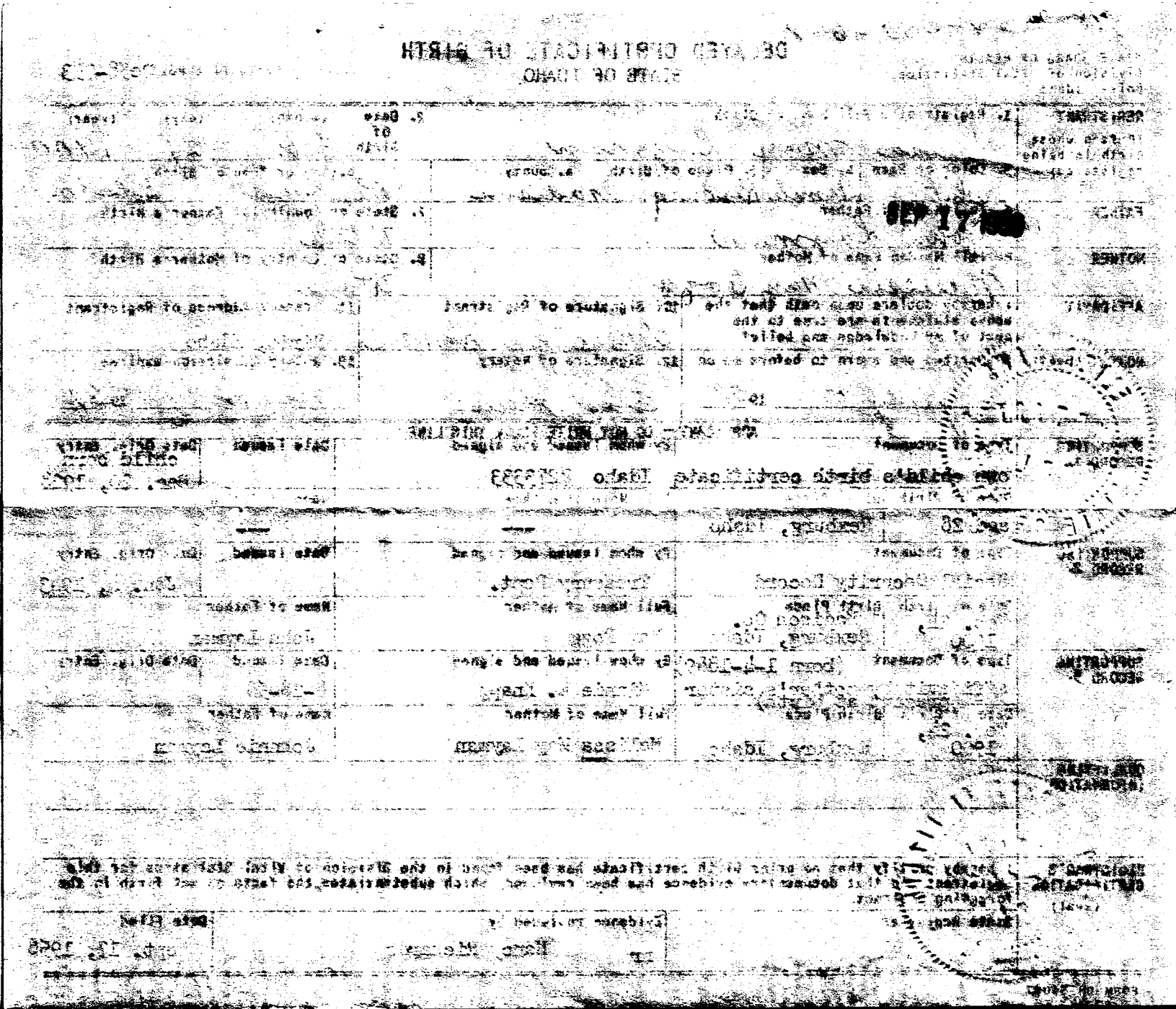
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Sept. 17, 1958

FORM BH 56067



753-101-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-781

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Earl Petersen
2. Date of Birth (month) July (day) 1 (year) 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: George Petersen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Caroline Marie Larsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Earl Petersen
11. Present Address of Registrant: Rexburg Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 13 1958

12. Signature of Notary: Erie L. Sterbe
13. Notary Commission expires: 6-3 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Baptism	Salem Ward LDS Church	8-2-08	Aug. 2, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1, 1900	Fremont Co. Salem, Idaho	Carolina M. Larsen	George Petersen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle & neighbor at time of birth, age 79	E. W. Larsen	6-13-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1, 1900	Salem, Idaho	Caroline Marie Larsen	George Petersen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #388363		child born March 14, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 43	Salem, Idaho	---	---

QUALIFYING INFORMATION

Marriage Record, Fremont County, Idaho, 8-7-58: age 24 as of Jan. 14, 1925.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Nancy Richards	Sept. 25, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

SEP 26 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Date of Birth	4. Place of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	6. Full Name of Mother	9. State or Country of Mother's Birth
APPLICANT	8. Sworn and dated that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant. 11. Present Address of Registrant
AUTHORIZED	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Birth Record--Marriage	By whom issued and signed: Salem Ward [illegible]	Date Issued: 8-2-58	Date Orig. Entry: Aug. 2, 1958
	Date of Birth: July 1, 1908	Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Caroline [illegible] Larsen	Name of Father: George Petersen
SUPPORTING RECORD 2	Type of Document: Affidavit by Angela [illegible] at time of birth, [illegible]	By whom issued and signed: [illegible] Larsen	Date Issued: [illegible]-12-58	Date Orig. Entry:
	Date of Birth: July 1, 1908	Birth Place: Salem, Idaho	Full Name of Mother: Caroline [illegible] Larsen	Name of Father: George Petersen
SUPPORTING RECORD 3	Type of Document: [illegible] birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued: March 24, 1958	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Salem, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: Marriage Record, Fremont County, Idaho, [illegible] as of Jan. 24, 1925.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior [illegible] certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy [illegible]	Sept. 25, 1958

819-224-026-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Louisa Harmon		2. Date Of Birth (month) (day) (year): Jan. 24 1900
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Lewisville, Idaho, Jefferson Co. b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Allen Ithamor Harmon		7. State or Country of Father's Birth: Providence, Utah
MOTHER	8. Full Maiden Name of Mother: Emma Louisa Henderson		9. State or Country of Mother's Birth: Brigham City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louisa Taylor Crawford	11. Present Address of Registrant: 1319 View Court St. The Dalles, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: October 20th 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Records	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Apr. 9, 1937 & Feb. 8, 1952
	Date of Birth: Jan. 24, 1900 / Birth Place: Jefferson Co. Lewisville, Idaho	Full Name of Mother: Emma Louisa Henderson	Name of Father: Allen Ithamor Harmon	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Ada County, Idaho	Date Issued:	Date Orig. Entry: March 26, 1949
	Date of Birth: Age. 49 / Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Oregon Mutual Life Ins. Co.	Date Issued: 10-11-35	Date Orig. Entry: Sept. 11, 1935
	Date of Birth: Jan. 24, 1900 / Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Jenson	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1960

215-231-001-895 DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De58-867
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Baird			2. Date of Birth (month) (day) (year): Aug. 31 1900	
	3. Color or Race: Cau.	4. Sex: F	5. Place of Birth a. County: Boise Ada	b. City or Town of Birth: Boise-Idaho.	
FATHER	6. Full Name of Father: Ira I. Baird			7. State or Country of Father's Birth: Oregon.	
MOTHER	8. Full Maiden Name of Mother: Flota Hindman			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vera B. Larsen	11. Present Address of Registrant: Box 159, Everett.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 21 1958		12. Signature of Notary: Robert Johnson	13. Notary Commission expires: Nov 17 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 75		By whom issued and signed: Flota Hindman Baird	Date Issued: 2-1-56	Date Orig. Entry:
Class* B	Date of Birth: Aug. 31, 1900	Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Flota Hindman Baird	Name of Father: Ira I. Baird	
SUPPORTING RECORD 2.	Type of Document: Employment Record		By whom issued and signed: Civilian Personnel Officer Dept. of the Army	Date Issued: 1-26-53	Date Orig. Entry: Jan. 26, 1953
Class B	Date of Birth: Aug. 31, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #27	Date Issued: 2-14-56	Date Orig. Entry: child born Feb. 10, 1940
Class B	Date of Birth: age 39	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	Oct. 29, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth: [illegible]
3. Place of Birth: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. County: [illegible]
7. State or Country of Father's Birth: [illegible]
8. State or Country of Mother's Birth: [illegible]

FATHER: [illegible]

MOTHER: [illegible]

9. Full Maiden Name of Father: [illegible]

10. Full Maiden Name of Mother: [illegible]

11. Signature of Registrant: [illegible]

12. Present Address of Registrant: [illegible]

13. Signature of Notary: [illegible]

14. Notary Commission Expires: [illegible]

OCT 29 1958

DEC 17 1958

SUPPORTING RECORD 1

Type of Document: Affidavit by mother, age 24

By whom issued and signed: Flota Hindman Baird

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: Flota Hindman Baird

Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 2

Type of Document: [illegible] Record

By whom issued and signed: [illegible] Officer [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Name of Father: ---

Class: [illegible]

SUPPORTING RECORD 3

Type of Document: [illegible] birth certificate

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Name of Father: ---

Class: [illegible]

CLASSIFICATION INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: [illegible]

[illegible] are those used and dated before the Registrar's [illegible] birthday.
[illegible] are those [illegible] after the [illegible] but are at least 5 years old.

389-205-032-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-914

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lauvisia Bessie Chriswell			2. Date Of Birth: (month) June (day) 5 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lincoln County	b. City or Town of Birth: Shoshone Idaho	
FATHER	6. Full Name of Father: John Chriswell			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Minnie Rose			9. State or Country of Mother's Birth: Payette, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lauvisia Bessie Chriswell		11. Present Address of Registrant: (Mrs. Fairchild) R # 3 Buhl, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 20th day of September 19 58	12. Signature of Notary: Jas. O. Eastman		13. Notary Commission expires: 2-4-1961 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 27, 1941
	Date of Birth: June 5, 1900	Birth Place: Shoshone, Idaho	Full Name of Mother: Minnie Julia Rose	Name of Father: John C. Chriswell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor who helped at time of birth, age 73	By whom issued and signed: Stella McGuire		Date Issued: 9-22-58	Date Orig. Entry:
	Date of Birth: June 5, 1900	Birth Place: Shoshone, Idaho	Full Name of Mother: Minnie Chriswell	Name of Father: John Chriswell	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #140199		Date Issued:	Date Orig. Entry: child born Feb. 10, 1926
	Date of Birth: age 25	Birth Place: Shoshone, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Nancy Richards	Nov. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 19 1962

John Burrison

Preston, Idaho

Preston, Idaho

Twin Falls County

Twin Falls Idaho

Twin Falls, Idaho

Twin Falls, Idaho

Twin Falls,

465-120-036-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-928

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donoviel, Edward Joseph		2. Date Of Birth (month) 4 (day) 20 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Malad. Idaho; b. City or Town of Birth: Malad Idaho
FATHER	6. Full Name of Father: Stephen D Donoviel		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Frances Elizabeth Munn		9. State or Country of Mother's Birth: Hooper Utah Weber County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward J Donoviel	11. Present Address of Registrant: 550-Cross Stegen Rd
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 14 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church Salt Lake City, Utah	Date issued: 8-22-58	Date Orig. Entry: July 10, 1923
	Date of Birth: April 20, 1900	Birth Place: Malad, Idaho	Full Name of Mother: Frances Munn	Name of Father: Stephen Donoviel
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 5, 1936
	Date of Birth: April 20, 1900	Birth Place: Malad, Idaho	Full Name of Mother: Frances Munn	Name of Father: Steven Donovial
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Frances E. Donoviel	Date issued: 11-14-58	Date Orig. Entry:
	Date of Birth: April 20, 1900	Birth Place: Malad, Idaho	Full Name of Mother: Frances Elizabeth Munn	Name of Father: Stephen Daniel Donoviel
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards	Nov. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

745-201-025-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Minta Lu Gunter		2. Date Of Birth (month) Jan (day) 1th (year) 1900
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: John Jiah Gunter		7. State or Country of Father's Birth: Texas Hunt County
MOTHER	8. Full Maiden Name of Mother: Annie Rockan Hunter		9. State or Country of Mother's Birth: Missoura
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Gunter Lytle	11. Present Address of Registrant: Stites Ida 1173
NOTARY (Seal)	Subscribed and sworn to before me on 12/4 1958	12. Signature of Notary: [signature]	13. Notary Commission expires 1962 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth,	By whom issued and signed: (Born 9-21-1882) Alva R. Emmert	Date issued: 12-4-58	Date Orig. Entry:
	Date of Birth: Jan. 1, 1900	Birth Place: Clearwater, Idaho	Full Name of Mother: Annie Gunter	Name of Father: John Gunter
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date issued: 12-24-58	Date Orig. Entry: obviously old
	Date of Birth: Jan. 1, 1900	Birth Place: Clearwater, Idaho	Full Name of Mother: (born-Missouri) Annie (Hunter) Gunter	Name of Father: (born-Texas) John Gunter
SUPPORTING RECORD 3.	Type of Document: Voting Registration Record	By whom issued and signed: Idaho County, Grangeville, Ida.	Date issued: 12-19-58	Date Orig. Entry: July 15, 1926
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: Marriage Record, Idaho County, Idaho; 12-19-58: age 27 as of March 19, 1927.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Dec. 24, 1958

FORM BH 56067

391-215-035-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Flo Crawford		2. Date of Birth (month) January (day) 15 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce (now Lewis) b. City or Town of Birth: Fletcher (near Craigmont, Idaho)
FATHER	6. Full Name of Father: Samuel Marion Crawford		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Malinda Jane Thornton		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Flo Crawford Wamsley	11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 4 19 58	12. Signature of Notary: Robert Strom	13. Notary Commission expires: October 17 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 73	By whom issued and signed: John Crawford	Date issued: 7-23-57	Date Orig. Entry:
	Date of Birth: Jan. 15, 1900 / Birth Place: Fletcher (near Craigmont), Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Voting Registration	By whom issued and signed: Lewis County Nezperce, Idaho	Date issued: 8-9-57	Date Orig. Entry: June 19, 1926
	Date of Birth: age 26 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date issued: 12-12-58	Date Orig. Entry: June 1, 1900
	Date of Birth: Jan. 1900 (4 mos.) / Birth Place: Idaho	Full Name of Mother: Jane Crawford	Name of Father: Samuel M. Crawford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Dec. 26, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 29 1959

1. Registrant's Full Name of Birth: Crawford		2. Date of Birth: January 1960	
3. Sex: Male	4. Place of Birth: Vol Parce (New Lewis)	5. City or Town of Birth: Fletcher (near Craigmont, Idaho)	
6. Full Name of Father: Samuel Marion Crawford		7. State or Country of Father's Birth: Oregon	
8. Full Maiden Name of Mother: Jane Thornton		9. State or Country of Mother's Birth: Oregon	
10. Signature of Registrant: [illegible]		11. Present Address of Registrant: Craigmont, Idaho	
12. Signature of Mother: [illegible]		13. Notary Commission expires: October 17, 1960	

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	
Birth Place	Full Name of Mother	Name of Father	
[illegible]	[illegible]		

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Vehicle Registration	Lewis County Nezperce, Idaho	[illegible]	June 22, 1960
Birth Place	Full Name of Mother	Name of Father	
Idaho			

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	[illegible]	12-12-[illegible]	June 1, 1960
Birth Place	Full Name of Mother	Name of Father	
Idaho	Jane Crawford	Samuel M. Crawford	

QUALIFYING RECORD 4

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents, evidence has been reviewed, which supersedes the facts as set forth in the following contract.

Date Registered	Evidence reviewed by	Date Filed
	[illegible]	Dec. 26, 1958

FORM [illegible]

264-223-035-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christena Annetta Southwick			2. Date Of Birth (month) March (day) 23 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce Co.	b. City or Town of Birth: Southwick, Idaho	
FATHER	6. Full Name of Father: Leroy J. Southwick			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary Annetta Christensen			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Christena A Cuddy	11. Present Address of Registrant: Southwick, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 15 1958		12. Signature of Notary: Samuel L Swayne	13. Notary Commission expires: Nov 17 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth, age 84		By whom issued and signed: Jennie B. Brown	Date Issued: 10-17-58	Date Orig. Entry:
	Date of Birth: March 23, 1900	Birth Place: Southwick, Idaho	Full Name of Mother: Mary Annette Christensen	Name of Father: Leroy J. Southwick	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 11-24-36	Date Orig. Entry: Nov. 23, 1936
	Date of Birth: March 23, 1900	Birth Place: Southwick, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #398293	Date Issued:	Date Orig. Entry: child born June 24, 1924
	Date of Birth: age 24	Birth Place: Southwick, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Dec. 26, 1958

FORM BH 56067 1 copy sold

CLAYTON CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 29 1960

856-207-003-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1027

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NORMA MARY HEWLETT
2. Date of Birth: July 7 1900
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth: a. County: IDAHO BANNOCK; b. City or Town of Birth: POCATELLO

FATHER

6. Full Name of Father: ALBERT JOHN HEWLETT
7. State or Country of Father's Birth: BRISTOL ENGLAND

MOTHER

8. Full Maiden Name of Mother: ANNIE ELIZABETH NAEF
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma M. Hewlett Carter
11. Present Address of Registrant: 848 IROLO ST Los Angeles CA Calif.

NOTARY (Seal)

Subscribed and sworn to before me on December 8 19 58

12. Signature of Notary: Helen J. Shepard
13. Notary Commission expires: My Commission Expires [illegible] 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Blessing	Pocatello Third Ward LDS Church, Pocatello, Idaho	7-12-42	Aug. 5, 1900
	Date of Birth July 7, 1900 / **Birth Place** Bannock Co. Pocatello, Idaho	**Full Name of Mother** Annie Elizabeth Naef	**Name of Father** Albert John Hewlett	
SUPPORTING RECORD 2.	Insurance Policy	Kansas City Life Ins. Co.	9-18-23	Aug. 30, 1923
	Date of Birth July 7, 1900 / **Birth Place** Pocatello, Idaho	**Full Name of Mother** Annie E. Hewlett	**Name of Father** Albert J. Hewlett	
SUPPORTING RECORD 3.	Type of Document (born 4-5-1881) Affidavit by mother's sister	By whom issued and signed: Elsie Naef Kendrick	Date Issued: 5-22-58	Date Orig. Entry:
	Date of Birth July 7, 1900 / **Birth Place** Bannock Co. Pocatello, Idaho	**Full Name of Mother** Annie E. Naef Hewlett	**Name of Father** Albert John Hewlett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Dec. 29, 1958

FORM BH 56067

1 copy made

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 30 1958

REGISTRAR	1. Registrant's Full Name at Birth: Mary Hewlett	2. Date of Birth: July 1, 1900
	3. Sex: Female	4. Place of Birth: Rosarella
FATHER	5. Full Name of Father: Albert John Hewlett	6. State or Country of Father's Birth: Bristol England
MOTHER	7. Full Maiden Name of Mother: Mary Elizabeth Hart	8. State or Country of Mother's Birth: Utah
AFFIDAVIT	9. Person, declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Subscribed and sworn to before me on [illegible] 19	13. Signature of Notary: [illegible]
		14. Notary Commission Expires: [illegible] 19

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1900	Rosarella, Idaho	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 30, 1958

FORM BH 50082

693-123-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-002

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: **Lloyd Joseph Williams**
2. Date of Birth (month) (day) (year): **Sept 23, 1900**
3. Color or Race: **white**
4. Sex: **male**
5. Place of Birth — a. County: **Malad City** — **Oneida**
b. City or Town of Birth: **Malad City**

FATHER

6. Full Name of Father: **Thomas Oliver Williams**
7. State or Country of Father's Birth: **Malad City**

MOTHER

8. Full Maiden Name of Mother: **Elizabeth Ann Evans**
9. State or Country of Mother's Birth: **Wales**

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd J. Williams
11. Present Address of Registrant: 515 North Lincoln, Jerome, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 18 1958
12. Signature of Notary: Stella H. Pierce
13. Notary Commission expires: April 22 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Baptism	Jerome 2nd Ward, Gooding Stake, LDS Church	12-1-58	Oct. 1, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 23, 1900	Malad, Idaho	Elizabeth Evans	Thomas Oliver Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth, age 74	Anna Fallis Briggs	4-18-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 23, 1900	Malad City, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #129614		child born Jan. 31, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Malad, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Jan. 6, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 7 1959

REGISTRANT	1. Registrant's Full Name at Birth: Lloyd Joseph Williams	2. Date of Birth: Sept 23, 1900
	3. Color or Race: White	4. Place of Birth: Malad City, Oneida
	5. Sex: Male	6. Birth Place of Birth: Malad City
FATHER	7. Full Name of Father: Thomas Oliver Williams	8. State or Country of Father's Birth: Malad City
MOTHER	9. Full Maiden Name of Mother: Elizabeth Ann Evans	10. State or Country of Mother's Birth: Wales
APPLICANT	11. Present Address of Registrant: 515 North Lincoln, Jerome, Idaho	12. Signature of Registrant: [signature]
	13. Notary Commission Expires: April 22 1958	14. Signature of Notary: [signature]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lawrence Leonard—Baptism	By whom issued and signed: Jerome Cad [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Elizabeth [illegible]	Name of Father: Thomas Oliver Williams
SUPPORTING RECORD 2.	Type of Document: [illegible] at time of birth	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Town [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 6, 1959

FORM NO. [illegible]

795-127-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas Pincock			2. Date of Birth (month) (day) (year): Sept. 27 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford	
FATHER	6. Full Name of Father: George Albert Pincock			7. State or Country of Father's Birth: Ogden, Utah	
MOTHER	8. Full Maiden Name of Mother: Lucinda Elizabeth Bingham			9. State or Country of Mother's Birth: Riverdale, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Douglas Pincock		11. Present Address of Registrant: Sugar City Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 18 1959	12. Signature of Notary: Melvin Ware		13. Notary Commission expires: Jan. 10 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Sugar Ward, No. Rexburg Stake LDS Church		Date Issued: 1-18-59	Date Orig. Entry: June 6, 1909
	Date of Birth: Sept. 27, 1900	Birth Place: Fremont Co. Wilford, Idaho	Full Name of Mother: Lucinda Bingham	Name of Father: George A. Pincock	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #165177		Date Issued:	Date Orig. Entry: child born Sept. 27, 1928
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth (born Apr. 21, 1871)	By whom issued and signed: Minnie Black Garner		Date Issued: 1-22-59	Date Orig. Entry:
	Date of Birth: Sept. 27, 1900	Birth Place: Fremont Co. Wilford, Idaho	Full Name of Mother: Lucinda Elizabeth Bingham	Name of Father: George Albert Pincock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Brown	Evidence reviewed by: nr Nancy Richards	Date Filed: Jan. 30, 1959

FORM BH 56067

10004 [illegible]

DELAYED CERTIFICATE OF BIRTH

JAN 30

413-214-022-983

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rhea Dalling			2. Date Of Birth (month) Dec. (day) 14 (year) 1900	
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Salem Fremont	b. City or Town of Birth: Salem	
FATHER	6. Full Name of Father: John Loader Dalling			7. State or Country of Father's Birth: Springville, Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Elleanor Ricks			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhea Dalling Linnock		11. Present Address of Registrant: Sugar City, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19 1959	12. Signature of Notary: Melvin Hone		13. Notary Commission expires: Jan. 10 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Sugar Ward, No. Rexburg Stake LDS Church		Date Issued: 1-18-59	Date Orig. Entry: June 5, 1909
	Date of Birth: Dec. 14, 1900	Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Sarah E. Ricks	Name of Father: John Dalling	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #165177		Date Issued:	Date Orig. Entry: child born Sept. 27, 1928
	Date of Birth: age 27	Birth Place: Salem, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth, (born July 28, 1889)	By whom issued and signed: Emma Dalling Harrison		Date Issued: 1-22-59	Date Orig. Entry:
	Date of Birth: Dec. 14, 1900	Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Sarah Elleanor Ricks	Name of Father: John Loader Dalling	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Jan. 30, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

JAN 30 1959

414-127-016-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Kappner Mauldin		2. Date Of Birth (month) January (day) 27 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: in the country; a. County: Cassia Co.
	b. City or Town of Birth: Three Creek — Idaho Post Office		
FATHER	6. Full Name of Father: Joel Washington Mauldin		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: May Kappner (also Mary Elizabeth Kappner)		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry Mauldin	11. Present Address of Registrant: Rt 1, Bx 863 - Lakeport - Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1959	12. Signature of Notary: Bruce B Brackle	13. Notary Commission expires: October 17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (born 10-7-1888): Affidavit by sister		By whom issued and signed: Nellie Ivy Baker	Date issued: 12-22-58	Date Orig. Entry:
	Date of Birth: Jan. 27, 1900	Birth Place: Post Office — Three Creek, Idaho	Full Name of Mother: Mary (or May) Elizabeth Kappner Mauldin	Name of Father: Joel Washington Mauldin	
SUPPORTING RECORD 2.	Type of Document (photostat): Marriage Record		By whom issued and signed: Sonoma Co., Calif. #11481	Date issued:	Date Orig. Entry: Sept. 22, 1923
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Nov. 5, 1951
	Date of Birth: Jan. 27, 1900	Birth Place: Cassia Co., Idaho	Full Name of Mother: May Kappner	Name of Father: Joel W. Mauldin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Feb. 17, 1959

FORM BH 56067

FEB 17 1959

993-218-007-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Rich			2. Date Of Birth: (month) August (day) 18 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Gannett - Blaine	b. City or Town of Birth: Gannett	
FATHER	6. Full Name of Father: Samuel James Rich			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Pauline Clarissa Pettingill			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Wickel		11. Present Address of Registrant: Malta Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 1959	12. Signature of Notary: W L Benson		13. Notary Commission expires: May 14 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Elba Ward, Raft River Stake LDS Church		Date Issued: 3-9-59	Date Orig. Entry: Sept. 3, 1900
	Date of Birth: Aug. 18, 1900	Birth Place: Blain Co. Gannett, Idaho	Full Name of Mother: Pauline Pettingill	Name of Father: Samuel J. Rich	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #91513		Date Issued:	Date Orig. Entry: child born June 16, 1921
	Date of Birth: age 20	Birth Place: Gannet, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 75	By whom issued and signed: Ida Parish		Date Issued: 2-13-59	Date Orig. Entry:
	Date of Birth: Aug. 18, 1900	Birth Place: Blaine Co. Gannett, Idaho	Full Name of Mother: Pauline Clarissa Pettingill	Name of Father: Samuel James Rich	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	mr Nancy Richards	March 20, 1959

FORM BH 56067

1 Certified Copy

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 20 1959

899-21-022-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-338

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Catherine Hirschi
2. Date of Birth (month) (day) (year): September 11, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont Co.
b. City or Town of Birth: Salem, Idaho

FATHER

6. Full Name of Father: David Hirschi
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Magdalena Wuthrich
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Catherine Beluz
11. Present Address of Registrant: Route #2, Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 1959

12. Signature of ~~Notary~~ Probate Judge: Vernon C. Mortensen
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Blessing	LDS Church Salt Lake City, Utah	9-24-58	Oct. 7, 1900
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 11, 1900 / Fremont Co. Salem, Idaho	Magdalena Wuthrich	David Hirschi	
SUPPORTING RECORD 2.	Affidavit by mother	Magdalena Wuthrich Hirschi	5-27-58	
	Sept. 11, 1900 / Salem, Idaho	Magdalena Wuthrich Hirschi	David Hirschi	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #127019		child born Sept. 29, 1924
	age 24 / Salem, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: April 20, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 20 1959

263-128-028-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Boll				2. Date of Birth: March 29 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Fort Sherman	a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene	
FATHER	6. Full Name of Father: George E. Boll				7. State or Country of Father's Birth: Unknown	
MOTHER	8. Full Maiden Name of Mother: Sarah A. Southern				9. State or Country of Mother's Birth: Leeds Yorkshire, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Herman Boll		11. Present Address of Registrant: 322 North 1st West Logan, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1959		12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S. Church, Chas. D. Tate Bishop	Date Issued: Sept 30, 1951	Date Orig. Entry: Baptized Sept 29, 1951
	Date of Birth: March 29, 1900	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Sarah Ann Southern	Name of Father: George Edward Boll	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1499959		By whom issued and signed: Travelers Insurance Co.	Date Issued: June 27, 1929	Date Orig. Entry: June 27, 1929
	Date of Birth: March 29, 1900	Birth Place: Idaho	Full Name of Mother: Sarah Ann Boll	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Sarah A. Boll	Date Issued: April 3, 1940	Date Orig. Entry: --
	Date of Birth: March 29, 1900	Birth Place: Fort Sherman Coeur d'Alene, Idaho	Full Name of Mother: Sarah A. Boll	Name of Father: George T. Boll	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 4, 1959

FORM BH 56067

MAY 4 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is registered)	1. Registrant's Full Name at Birth: Herman Holl	2. Date of Birth: Month 29 Day 1900 Year	
	3. Color or Race: [illegible] 4. Sex: Male	5. Place of Birth: Fort Sherman 6. County: Kootenai	Bldg. or Town of Birth: Coeur d'Alene
FATHER	4. Full Name of Father: George E. Holl	7. Stall or Country of Father's Birth: Unknown	
MOTHER	8. Full Maiden Name of Mother: [illegible] Southern	9. State or Country of Mother's Birth: Leeds Yorkshire, England	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 322 North 1st West Logan, Utah
NOTARY	1. Subscribed and sworn to before me on: 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: L. J. Church, Chas. L. [illegible] Bishop	Date Issued: Sept 30, 1931	Date Orig. Entry: Sept 30, 1931
	Date of Birth: March 29, 1900	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Sarah Ann Southern	Name of Father: George Edward Holl
SUPPORTING RECORD 2	Type of Document: Insurance Policy #1490959	By whom issued and signed: Travelers Insurance Co.	Date Issued: June 27, 1929	Date Orig. Entry: June 29, 1929
	Date of Birth: March 29, 1900	Birth Place: Idaho	Full Name of Mother: Sarah Ann Holl	Name of Father: --
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Sarah A. Holl	Date Issued: April 3, 1940	Date Orig. Entry: --
	Date of Birth: March 29, 1900	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Sarah A. Holl	Name of Father: George E. Holl

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that the registrant evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed By	Date Filed
R. [illegible]	Joyce [illegible] Holtz	May 4, 1959

FORM [illegible]

719-220-016-43

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Parke		2. Date Of Birth (month) (day) (year): October 20 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Conant
FATHER	6. Full Name of Father: Joseph Lamoni Parke		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Malliot		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Parke	11. Present Address of Registrant: R.R. #2, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1959	12. Signature of Notary: (Mrs. Bunn) Gladys Bunn	13. Notary Commission expires: July 20 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church, Heyburn Ward, Ida.	Date Issued: 6-11-22	Date Orig. Entry: June 10, 1922
	Date of Birth: Oct. 20, 1900 / Birth Place: Conant, Idaho	Full Name of Mother: Mary Malliot	Name of Father: Joseph Lamoni Parke	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend & neighbor at time of birth,	By whom issued and signed: (born-9-1-1882) Jessie Wheyland	Date Issued: 12-22-58	Date Orig. Entry:
	Date of Birth: Oct. 20, 1900 / Birth Place: Cassia Co. Conant, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #263022	Date Issued:	Date Orig. Entry: child born Dec. 19, 1937
	Date of Birth: age 37 / Birth Place: (State not shown) Cassia County	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Nancy Richards	May 6, 1959

FORM BH 56067

MAY 6 1959

243-105-035-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Jacob Buchholz			2. Date Of Birth (month) Sept. (day) 5 (year) 1900	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Melrose Idaho Nez Perce	b. City or Town of Birth: Melrose	
FATHER	6. Full Name of Father: John Benjamin Buchholz			7. State or Country of Father's Birth: No. Dakota	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Keller			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Jacob Buchholz		11. Present Address of Registrant: 1134 no. State Lewiston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 7 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6-10-19[illegible]	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 9, 1937
	Date of Birth: Sept. 5, 1900	Birth Place: Melrose, Idaho	Full Name of Mother: Elizabeth Keller	Name of Father: John Benjamin Buchholz
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Northwestern Mutual Life Ins. Co. of Milwaukee, Wisconsin	Date Issued:	Date Orig. Entry: July 26, 1920
	Date of Birth: Sept. 5, 1900	Birth Place: Melrose, Idaho	Full Name of Mother: Elizabeth Buchholz	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: University of Idaho Moscow, Idaho	Date Issued: 4-27-59	Date Orig. Entry: Sept. 19, 1921
	Date of Birth: Sept. 5, 1900	Birth Place: Melrose, Idaho	Full Name of Mother: —	Name of Father: J. B. Buchholz
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards	Date Filed: May 15, 1959

FORM BH 56067

10 Copies

MAY 18 1959

219-208-014-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-428

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Mildred Elizabeth Barry			2. Date Of Birth (month) (day) (year): July 8 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Patrick John Barry			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Delilah Elizabeth Boyer			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Radcliff		11. Present Address of Registrant: 1790 Capital St SE Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed:	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: July 8, 1900	Birth Place: --	Full Name of Mother: Delilah E. Boyer	Name of Father: Patrick J. Barry	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school record		By whom issued and signed: William E. Leggitt, Malheur Co. School Supt.	Date Issued: April 24, 1959	Date Orig. Entry: School year 1914
	Date of Birth: July 8, 1900	Birth Place: Nampa, Idaho	Full Name of Mother: --	Name of Father: Patrick John Barry	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: Feb. 1, 1942	Date Orig. Entry:
	Date of Birth: Age Next birthday 42	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	May 19, 1959

FORM BH 56067

MAY 20 1959

Registrar	1. Registrant's Full Name as of 1	2. Date of Birth (Month) (Day) (Year)
Person whose birth is being registered	Mildred Elizabeth Barry	July 8, 1900
	3. Color of Race	4. Place of Birth (Locality)	5. Date of Birth
	White Female	Canyon	Kamps
Father	6. Full Name of Father	7. Country of Father's Birth
	Patrick John Barry	New York
Mother	8. Full Maiden Name of Mother	9. State of Country of Mother's Birth
	Delilah Elizabeth Boyer	Nebraska
Affidavit	10. Signature of Registrar	11. Present Address of Registrant
	[illegible]	[illegible]
Notary Public	12. Signature of Notary	13. Notary Commission expires
	[illegible]	[illegible]

Corporation Record 1	Name of Corporation	Date Issued	Date Orig. Entry
	Bible Secret		obviously old
	Date of Birth	Name of Father	
	July 8, 1900	Patrick J. Barry	
Supporting Record 2	Type of Document	Date Issued	Date Orig. Entry
	Statement regarding school record	April 24, 1959	School year 1914
	Date of Birth	Name of Father	
	July 8, 1900 Kamps, Idaho	Patrick John Barry	
Supporting Record 3	Type of Document	Date Issued	Date Orig. Entry
	Insurance Policy	Feb. 1, 1942	
	Date of Birth	Name of Father	
	Birthday	--	

Certificate of Birth Certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed and satisfies the facts as set forth in the foregoing abstract.

Signature	Evidence Reviewed	Date Filed
W. Bensen	Sharon E. Staggs	May 19, 1959

966-10-025-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-451
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Llewellyn Delos Rowlands
2. Date of Birth (month) (day) (year): February 10, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: David John Rowlands
7. State or Country of Father's Birth: Vermont

MOTHER

8. Full Maiden Name of Mother: Florence Adell Smith
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Llewellyn D. Rowlands
11. Present Address of Registrant: Box 744, Hilo, Hawaii

NOTARY (Seal)

Subscribed and sworn to before me on April 25 1959

12. Signature of Notary: Maurice Sapienza
13. Notary Commission expires: November 13 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Statement re: Insurance Policy	New York Life Ins. Co. New York, N.Y.	4-7-59	July 17, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 10, 1900	----	Florence A. Rowlands	David J. Rowlands

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	4-20-59	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
(4 mos.) Feb. 1900	Idaho	Florence Rowlands	David J. Rowlands

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
(age 80) Affidavit by mother's sister	Jean Smith Crocker	5-16-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 10, 1900	Kendrick, Idaho	Florence Adell Smith Rowlands	David John Rowlands

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	mr Nancy Richards	May 26, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 26 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Llewellyn Delon Rowlands	2. Date of Birth (month) (day) (year): February 10, 1900
	3. Colorado Race: White; 4. Sex: Male; 5. Place of Birth (County): Latah	6. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: David John Rowlands	7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Florence Adell Smith	9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Box 744, Hilo, Hawaii
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re: Florence Policy	By whom issued and signed: New York Life Ins. Co., New York, N.Y.	Date Issued: 4-7-59	Date Orig. Entry: July 17, 1915
	Date of Birth: Month, Day, Year: 1900	Full Name of Mother: Florence A. Rowlands	Name of Father: David J. Rowlands	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 4-20-59	Date Orig. Entry: June 1, 1900
	Date of Birth: Month, Day, Year: 1900; Birth Place: Idaho	Full Name of Mother: Florence Rowlands	Name of Father: David J. Rowlands	
SUPPORTING RECORD 3.	Type of Document: (age 60) Affidavit by mother's sister	By whom issued and signed: Joan Smith Crocker	Date Issued: 5-16-59	Date Orig. Entry:
Class B	Date of Birth: Month, Day, Year: 1900; Birth Place: Kendrick, Idaho	Full Name of Mother: Florence Adell Smith Rowlands	Name of Father: David John Rowlands	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Staff Registrar	Evidence reviewed by	Date Filed
[illegible]	Mr. Ralph Richards	May 26, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4004

353-108-008-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sherman William Tiller			2. Date Of Birth (month) Dec. (day) 8 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ola Boise	b. City or Town of Birth: Ola	
FATHER	6. Full Name of Father: Thomas J. Tiller			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Ella Margaret Flock			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sherman W Tiller		11. Present Address of Registrant: Star Route Box 149 A Oakridge, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: May, 27 1959	12. Signature of Notary: Vernon E Ricks		13. Notary Commission expires: Jan. 9, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: April 15, 1947
	Date of Birth: Dec. 8, 1900	Birth Place: Boise Co. Ola, Idaho	Full Name of Mother: Ella Flock	Name of Father: Thomas Tiller
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Health & Accident Assoc.	Date Issued: 11-8-26	Date Orig. Entry: Oct. 31, 1926
	Date of Birth: Dec. 8, 1900	Birth Place: Idaho	Full Name of Mother: Mrs. Ella Tiller	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #1846	Date Issued: 3-2-59	Date Orig. Entry: child born Jan. 5, 1948
	Date of Birth: age 47	Birth Place: Ola, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Nancy Richards	June 5, 1959

FORM BH 56067

JUN 5 1959

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Sherman William Tiller	2. Date of Birth (month) (day) (year): Dec. 8 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Ola; County: Boise; City or Town of Birth: Ola
FATHER	6. Full Name of Father: Thomas J. Tiller	7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Ella Margaret Flock	9. State or Country of Mother's Birth: Indiana	
CERTIFICATE	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Star Route Box 147 A, Cascadia, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on May 27 1959	12. Signature of Notary	13. Notary Commission expires: Jan. 9, 1962

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Dec. 8, 1900	Birth Place: Boise Co., Ola, Idaho	Full Name of Mother: Ella Flock	Name of Father: Thomas Tiller
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Health & Accident Ass'n	Date issued: 10-1-26	Date Orig. Entry: Sept. 31, 1926
	Date of Birth: Dec. 8, 1900	Birth Place: Idaho	Full Name of Mother: Mrs. Ella Tiller	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon 01846	Date issued: 3-2-59	Date Orig. Entry: Child born Jan. 5, 1946
	Date of Birth: age 57	Birth Place: Ola, Idaho	Full Name of Mother: ---	Name of Father: ---

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	June 5, 1959

FORM SH 56042

434-227-003 -249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-505

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Geraldine Grace Mc Donald
2. Date Of Birth (month) (day) (year): November 27th 1900
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Hailey, Idaho. Bannock
b. City or Town of Birth: Hailey, Idaho

FATHER: A

6. Full Name of Father: Angus Mc Donald
7. State or Country of Father's Birth: Glengarry County, Canada

MOTHER

8. Full Maiden Name of Mother: Geraldine Emily Smith
9. State or Country of Mother's Birth: Tacoma, Nevada, Dec 18th, 1884

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Geraldine G. Mc Donald Sundry
11. Present Address of Registrant: 625 Adams St. Albany, Cali

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1959

12. Signature of Notary: May S. Daughtry
13. Notary Commission expires: Feb 12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Application	Metropolitan Life Ins. Co.		Sept. 7, 1918
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 27, 1900 / Hailey, Idaho	Emily G. Larks	----	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #88045	Date Issued:	Date Orig. Entry: child born Feb. 14, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 20 / Idaho	----	----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed (now): Geraldine Emily Smith McMullin	Date Issued: 5-28-59	Date Orig. Entry:
	Date of Birth / **Birth Place**	**Full Name of Mother** (born-Nevada)	**Name of Father** (born-Canada)	
	Nov. 27, 1900 / Hailey, Idaho	Geraldine Emily Smith	Angus McDonald	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	June 12, 1959

FORM BH 56067

JUN 12 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Geraldine Grace McNeill	2. Date of Birth (Month) (Day) (Year): November 2, 1900	
	3. Color or Race: Wh. Sex: Fe	4. Place of Birth (Community): Bailey, Idaho, Bannock	5. City or Town of Birth: Bailey, Idaho
FATHER	6. Full Name of Father: Angus McDonald	7. State or Country of Father's Birth: Glengarry County, Canada	
MOTHER	8. Full Name of Mother: Jane Ella Smith	9. State or Country of Mother's Birth: Bodoma, Nevada, Feb 19th, 1884	
AFFIDAVIT	10. Signature of Registrant: Geraldine Grace McNeill	11. Present Address of Registrant: 625 Adams St. Albany, Cal	
NOTARY	12. Subscribed and sworn to before me on: [illegible] 19 [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

SUPPORTING RECORD	1. Type of Document: Application	2. Name Issued and Signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: Sept. 7, 1918
	3. Date of Birth: 1900	4. Place of Birth: Bailey, Idaho	5. Name of Father: Wally J. Parks	
SUPPORTING RECORD	1. Type of Document: Oregon Birth Certificate	2. Name Issued and Signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: Aug 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD	1. Type of Document: Affidavit by Mother	2. Name Issued and Signed: Geraldine Emily Smith McNeill (Mrs)	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: Nov. 27, 1900	Birth Place: Bailey, Idaho	Full Name of Father: Angus McDonald (Born-Nevada)	Name of Father: Angus McDonald (Born-Nevada)

CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

Signature of Registrar: [illegible]	Evidence Reviewed: [illegible]	Date Filed: June 12, 1959

FORM 30 [illegible]

415-209-020-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Etha DANIELS Dannels-		2. Date Of Birth (month) (day) (year): January 9 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home, Idaho
FATHER	6. Full Name of Father: John W. Daniels		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Elzada Belle Dannels Ida E Daniels Steed		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 1603 South Third Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 21st 1959	12. Signature of Notary: J. G. Fuller Probate Judge	13. Notary Commission expires: _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncles (aged 78 & 75)	By whom issued and signed: Alva Dannels and Arthur E. Dannels	Date Issued: 5-21-59	Date Orig. Entry:
	Date of Birth: Jan. 9, 1900 / Birth Place: Mountain Home, Idaho	Full Name of Mother (nee Dannels): Elzada Belle Daniels	Name of Father: John W. Daniels	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Custer County, Idaho	Date Issued:	Date Orig. Entry: Feb. 8, 1917
	Date of Birth: age 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #350010	Date Issued:	Date Orig. Entry: child born Oct. 1, 1918
	Date of Birth: age 18 / Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: July 27, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 27 1959

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name of birth: Ida Etha Dannels	2. Date of Birth: January 9, 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Mountain Home, Idaho
	6. Full name of father: John W. Daniels	7. Birth or Place of Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Elmada Belle Dannels	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Address: [illegible] South Third Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 21st 1959	12. Signature of Notary: [illegible] Probate Judge	13. Notary Commission Expires:

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Alva [illegible] and Arthur [illegible] Dannels	Date Issued: [illegible]	Date Orig. Entry:
	[illegible]	[illegible] Elmada Belle Daniels	Name of Father: [illegible] Daniels	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Custer County, Idaho	Date Issued:	Date Orig. Entry: Jan. [illegible], 1957
	Date of Birth: age 17	Birth Place: ---	Full name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: [illegible] birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: [illegible] Sept. 1, 1958
	Date of Birth: age 18	Birth Place: Mountain Home, Idaho	Full name of Mother: ---	Name of Father: ---

REMARKS

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Office Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: July 27, 1959

FORM [illegible]

154-201-028-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maybelle Annette ANDERSON			2. Date of Birth (month) December (day) 1 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai County	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Samuel Peter Anderson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Kristie Olena Svensen			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maybelle Ann Patrone	11. Present Address of Registrant: 4630 Natalie Drive San Diego 15, California
NOTARY (Seal)	Subscribed and sworn to before me on June 16 19 59		12. Signature of Notary: Rush Meadows Rush Meadows POBox 69 San Diego, California	13. Notary Commission expires: August 7 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: (born 7-29-1888) Mabel N. Olin	Date Issued: 7-18-59	Date Orig. Entry:
	Date of Birth: Dec. 1, 1900 / Birth Place: Kootenai Co. Coeur d'Alene, Ida.	Full Name of Mother (born-Norway): Kristie Olena Svensen	Name of Father (born-Sweden): Samuel Peter Anderson	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: (Social Security Administration) Treasury Dept.	Date Issued: 5-26-59	Date Orig. Entry: March 29, 1937
	Date of Birth: Dec. 1, 1900 / Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Kristi Olena Svenson	Name of Father: Samuel Peter Anderson	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Orange County, California	Date Issued: 5-18-59	Date Orig. Entry: May 20, 1925
	Date of Birth: age 24 / Birth Place: Coeur d'Alene, Ida.	Full Name of Mother (born-Norway): Kristie Svensen	Name of Father (born-Sweden): Samuel Peter Anderson	
QUALIFYING INFORMATION	own child's birth certificate, California #839; 5-19-59: age 28 as of May 6, 1929; born-Idaho.			
	Voting Registration Record; San Diego Co., Calif.; 5-14-59: record of Jan. 24, 1930; birthplace—Coeur d'Alene, Idaho.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	Aug. 5, 1959

FORM BH 56067

3

AUG 5 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: Maybelle Annette ANDERSON	2. Date of Birth: December 1 1900
Person whose birth is being registered	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Kootenai County	6. County of Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: [illegible] Anderson	7. State or Country of Father's Birth: Sweden
MOTHER	8. Maiden Name of Mother: Kristie Olene Svensen	9. State or Country of Mother's Birth: Norway
APPLICANT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 4630 Natalie Drive San Diego 15, California
NOTARY (Seal)	12. Signature of Notary: Rush Meadows PO Box 69 San Diego, California	13. Notary Commission Expires: August 7 19 59

June 16 1959

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: (Dean 7-29-1959)	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: Dec. 1, 1900	Place of Birth: Coeur d'Alene, Ida.	Name of Father: Kristie Olene Svensen (born-Norway)	Name of Father: Samuel Peter Anderson (born-Sweden)
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: (Social Security Administration) Treasury Dept.	Date Issued: 5-26-59	Date Orig. Entry: March 29, 1927
	Date of Birth: Dec. 1, 1900	Place of Birth: Coeur d'Alene, Ida.	Full Name of Mother: Kristi Olene Svensen	Name of Father: Samuel Peter Anderson
SUPPORTING RECORD 3	Type of Document: Marriage Record	By whom issued and signed: Orange County, California	Date Issued: 5-18-59	Date Orig. Entry: May 20, 1925
	Date of Birth: age 24	Place of Birth: Coeur d'Alene, Ida.	Full Name of Mother: Kristie Svensen (born-Norway)	Name of Father: Samuel Peter Anderson (born-Sweden)

QUALIFYING INFORMATION: [illegible] child's birth certificate, California 1939; 5-18-59: age 25 as of May 6, 1929; born-Idaho.

[illegible] Registration Record; San Diego Co., Calif.; 5-18-59: record of Dec. 24, 1930; [illegible] Coeur d'Alene, Idaho.

REGISTRAR'S CERTIFICATION: I am the certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy [illegible]	Aug. 5, 1959

792-103-003-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard James Gibbs			2. Date Of Birth (month) Jan. (day) 3 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Swan Lake
FATHER	6. Full Name of Father: Hyrum Gibbs			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Hadley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard James Gibbs		11. Present Address of Registrant: Swan Lake, Bannock, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1959	12. Signature of Notary: Lam Robins		13. Notary Commission expires: 5-10- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record---Blessing		By whom issued and signed: Swan Lake Ward, Portneuf Stake IDS Church	Date Issued: 6-26-59	Date Orig. Entry: April 1, 1900
	Date of Birth: Jan. 3, 1900	Birth Place: Bannock Co, Swan Lake, Idaho	Full Name of Mother: Mary Hadley	Name of Father: Hyrum Gibbs	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: March 3, 1939
	Date of Birth: Jan. 3, 1900	Birth Place: Swan Lake, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #211266	Date Issued:	Date Orig. Entry: child born April 10, 1933
	Date of Birth: age 33	Birth Place: Swan Lake, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Aug. 7, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 7 1959

279-223-029-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-651

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCES AGNES SPRENGER			2. Date of Birth (month) March (day) 23 (year) 1900
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Genesee a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Joseph Sprenger			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Catherine Evitts			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Agnes Sprenger Bruggeman		11. Present Address of Registrant: Lind, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 5-12- 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: 10-3- 1961

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re: Insurance policy application	By whom issued and signed: Neighbors of Woodcraft	Date issued: statement 12-10-57	Date Orig. Entry: March 26, 1925
	Date of Birth: March 23, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend at time of birth, age	By whom issued and signed: 78, Clara Hordemann	Date issued: 6-27-58	Date Orig. Entry:
	Date of Birth: March 23, 1900	Birth Place: Genesee, Idaho	Full Name of Mother: Catherine Evitts Sprenger	Name of Father: Joseph Sprenger
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #78992	Date issued:	Date Orig. Entry: child born April 18, 1920
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Aug. 10, 1959

FORM BH 56067

AUG 10 1950

253-207-040-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-700

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: KELLY, GLADYS EVELYN
2. Date Of Birth (month) (day) (year): October 7 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Wardner Shoshone
b. City or Town of Birth: Wardner

FATHER

6. Full Name of Father: John Ballard Kelly
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Louise Huguenin
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys E Orndorff
11. Present Address of Registrant: E1211 - 28th Ave. Spokane Washington

NOTARY (Seal)

Subscribed and sworn to before me on: August 7th 1959
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 89	Louise Kelly	8-7-59	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Oct. 7, 1900	Shoshone Co. Wardner, Idaho	Louise Huguenin Kelly	John Ballard Kelly
SUPPORTING RECORD 2.	Marriage Record	By whom issued and signed #34782 Spokane Co., Washington	Date Issued 8-10-59	Date Orig. Entry April 23, 1924
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 23	Wardner, Idaho	Mary L. Huguenin	John Ballard Kelly
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Spokane City Health Dept. Spokane, Wash.	Date Issued 8-7-59	Date Orig. Entry child born April 16, 1925
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 24	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Nancy Richards	Aug. 24, 1959

FORM BH 56067

AUG 24 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

1. NAME OF CHILD (If not given, so state)			2. SEX: Female
3. PLACE OF BIRTH: County: Pottawattamie	City or Township: Council Bluffs	Hospital or Institution: Home	
4. FULL NAME OF FATHER: Clarence Sisbourne		5. COLOR OR RACE: White	6. AGE AT LAST BIRTHDAY: 39
7. BIRTHPLACE OF FATHER: Virginia		8. FULL MAIDEN NAME OF MOTHER: Bertha Bryant	
9. BIRTHPLACE OF MOTHER: Iowa		10. DATE OF BIRTH OF CHILD: October 7, 1900	

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge and belief.

Signature: Clarence Sisbourne

Address: 1521 - 20th Ave. Council Bluffs, Iowa

Subscribed and sworn to before me this 22nd day of August, 1950.

Signature of Notary: [illegible]

My Commission expires: [illegible]

(SEAL)

Affidavit of Person Having Knowledge When Certificate of Birth Cannot Be Secured

I, Bertha Sisbourne, being first duly sworn on oath, depose and say that I am 49 years of age and reside at 1521 - 20th Ave. Council Bluffs, Iowa; that I was present at the birth of the child described above; that the facts stated in the foregoing certificate are true to the best of my knowledge and belief.

Signature: Bertha Sisbourne

Subscribed and sworn to before me this 22nd day of August, 1950.

Signature of Notary: [illegible]

My Commission expires: [illegible]

(SEAL)

Affidavit of Person Having Knowledge When Certificate of Birth Cannot Be Secured

I, Clarence Sisbourne, being first duly sworn on oath, depose and say that I am 49 years of age and reside at 1521 - 20th Ave. Council Bluffs, Iowa; that I was present at the birth of the child described above; that the facts stated in the foregoing certificate are true to the best of my knowledge and belief.

Signature: Clarence Sisbourne

Subscribed and sworn to before me this 22nd day of August, 1950.

Signature of Notary: [illegible]

My Commission expires: [illegible]

(SEAL)

Affidavit of Person Having Knowledge When Certificate of Birth Cannot Be Secured

I, Bertha Sisbourne, being first duly sworn on oath, depose and say that I am 49 years of age and reside at 1521 - 20th Ave. Council Bluffs, Iowa; that I was present at the birth of the child described above; that the facts stated in the foregoing certificate are true to the best of my knowledge and belief.

Signature: Bertha Sisbourne

Subscribed and sworn to before me this 22nd day of August, 1950.

Signature of Notary: [illegible]

My Commission expires: [illegible]

(SEAL)

532-21-032-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-753

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Cecelia Eckard
2. Date of Birth (month) April (day) 19 (year) 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Shoshone Idaho Lincoln Co. b. City or Town of Birth: Shoshone, Idaho

FATHER

6. Full Name of Father: Wallace Eckard
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Elizabeth Priest
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie C Eddy
11. Present Address of Registrant: Troy Montana

NOTARY (Seal)

Subscribed and sworn to before me on: April 18th 1959

12. Signature of Notary: Leonard F Roth, Troy, Mont.
13. Notary Commission expires: 9/11 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt (born 10-13-1889)	By whom issued and signed: Grace J. Priest Erwin	Date Issued: 5-27-59	Date Orig. Entry:
	Date of Birth: April 19, 1900 / Birth Place: Shoshone, Idaho	Full Name of Mother (born-Colorado): Eliza F. Priest	Name of Father (born-Colorado): Wallace H. Eckard	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge record	By whom issued and signed: U. S. Women's Army Auxiliary Corps	Date Issued: discharged 9-1-43	Date Orig. Entry: enrolled June 17, 1943
	Date of Birth: age when enrolled 43 yrs. / Birth Place: Shoshone, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Beaverhead County, Montana	Date Issued: 8-25-59	Date Orig. Entry: July 15, 1918
	Date of Birth: age 18 / Birth Place: Shoshone, Idaho	Full Name of Mother: Florence Priest	Name of Father: Wallace Eckard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	Sept. 10, 1959

FORM BH 56067

SEP 10 1959

266-217-009-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-762

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Koffel			2. Date Of Birth (month) May (day) 17 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner Co.	b. City or Town of Birth: Priest River, Idaho
FATHER	6. Full Name of Father: Harvey H. Koffel			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Martha Weaver			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Elizabeth Cook	11. Present Address of Registrant: E. 21 Rich, Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 25, 1959		12. Signature of Notary: J. L. Thomas	13. Notary Commission expires: June 17, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 12-21-1888)	By whom issued and signed: Sara Anna Koffel Whipps	Date Issued: 4-7-59	Date Orig. Entry:
	Date of Birth: May 17, 1900	Birth Place: Priest River, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Spokane Co., Washington	Date Issued: 5-12-59	Date Orig. Entry: Aug. 3, 1920
	Date of Birth: last birthday age 20	Birth Place: Idaho	Full Name of Mother: Martha Weaver	Name of Father: Harvey Koffel
SUPPORTING RECORD 3.	Type of Document: Bible record--photostat	By whom issued and signed: original viewed by Notary Public J. L. Thomas; Spokane, Wash.	Date Issued: on 6-10-59	Date Orig. Entry: obviously old
	Date of Birth: May 17, 1900	Birth Place: ---	Full Name of Mother: Martha Koffel	Name of Father: Harvey Koffel
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 15, 1959

FORM BH 56067 1 copy paid

SEP 15 1959

213-216-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-778

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Laura Bell Bates			2. Date of Birth: (month) October (day) 16 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Oakley, Idaho	
FATHER	6. Full Name of Father: Erin LaFayette Bates			7. State or Country of Father's Birth: Tooele, Utah	
MOTHER	8. Full Maiden Name of Mother: Hulda Mary Bailey			9. State or Country of Mother's Birth: Grantsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Bell Bates Fisher		11. Present Address of Registrant: 607 East First South Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: 1 May 1959	12. Signature of Notary: Edythe O. Koontz		13. Notary Commission expires: Aug. 25 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 88	By whom issued and signed: Hulda M. Bates		Date Issued: 3-2-59	Date Orig. Entry:
	Date of Birth: Oct. 16, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: Hulda Mary Bates (nee Bailey)	Name of Father: Erin LaFayette Bates	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Mark's Hospital Salt Lake City, Utah		Date Issued: 5-25-59	Date Orig. Entry: Feb. 5, 1950
	Date of Birth: age 49	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: 3-8-51	Date Orig. Entry: March 5, 1951
	Date of Birth: Oct. 16, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards nr	Date Filed: Sept. 21, 1959

FORM BH 56067

SEP 21 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. 0659-772

REGISTRANT

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: October 16, 1900
3. Sex: Male
4. Color or Race: White
5. Place of Birth: County: Bingham; City or Town of Birth: Blackfoot, Idaho

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: Tooele, Utah

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: Grantsville, Utah

AFFIDAVIT

I swear (affirm) that the statements made by me are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible] Salt Lake City, Utah
12. Subscribed and sworn to before me: [illegible]
13. Signature of Notary: [illegible]
14. Notary Commission Expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Father, age 80	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Blackfoot, Idaho	[illegible] Mary Bates (nee [illegible])	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible] Record	St. [illegible] Hospital, Salt Lake City, Utah	5-25-59	Feb. 5, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	---	---	---

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Insurance Policy	Idaho Mutual Benefit Assoc.	[illegible]	March 5, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 16, 1900	Blackfoot, Idaho	---	---

QUALIFICATIONS

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible]

Evidence reviewed by: Nancy Richards

Date Filed: Sept. 21, 1959

FORM [illegible]

154-222-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY AMELIA ANDERSON			2. Date Of Birth (month) APRIL (day) 22 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rudy
FATHER	6. Full Name of Father: Ander Christian Anderson			7. State or Country of Father's Birth: Copenhagen, Denmark
MOTHER	8. Full Maiden Name of Mother: Patience Lucinda Campbell			9. State or Country of Mother's Birth: Labelle, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Amelia Henne		11. Present Address of Registrant: 429 6th N. E. Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 18 1959	12. Signature of Notary: Frank M. Petty		13. Notary Commission expires: December 24 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-18-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age-- 19	Birth Place: Idaho	Full Name of Mother: Patience L. Anderson	Name of Father: Andros C. Anderson
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Mar. 5, 1942
	Date of Birth: April 22, 1900	Birth Place: Rudy, Idaho	Full Name of Mother: Patience Lucindia Campbell	Name of Father: Ander Christian Anderson
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 82	By whom issued and signed: James Anderson	Date Issued: 9-18-59	Date Orig. Entry:
	Date of Birth: April 22, 1900	Birth Place: Fremont Co. Rudy, Idaho	Full Name of Mother (born-Labelle, Idaho): Patience Lucinda Campbell	Name of Father (born-Copenhagen, Denmark) (also Andros): Ander Christian Anderson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barsom	Nancy Richards	Oct. 7, 1959

FORM BH 56067

OCT 7 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	4. Date of Birth: APRIL 22 1900
Person whose birth is being registered	2. Color or Name: [illegible] 3. Sex: [illegible] 5. Place of Birth: Fremont 6. County:	Rudy
FATHER	6. Full Name of Father: Ander Christian Anderson	7. State or Country of Father's Birth: Copenhagen, Denmark
MOTHER	8. Full Maiden Name of Mother: Patience Lucinda Campbell	9. State or Country of Mother's Birth: Labelle, Idaho
AFFIDAVIT	I hereby declare under oath that the above statements are true to the best of my knowledge and belief.	10. Present Address of Registrant: 129 6th St. E. Payne, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on September 10 19 59	11. Signature of Notary: [illegible] 12. Notary Commission expires: December 24 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 19 Birth Place: Idaho	Full Name of Mother: Patience L. Anderson	Name of Father: Andres C. Anderson
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: April 22, 1900 Birth Place: Rudy, Idaho	Full Name of Mother: Patience Lucinda Campbell	Name of Father: Ander Christian Anderson
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 82	By whom issued and signed: James Anderson	Date Issued: 9-18-59 Date Orig. Entry:
	Date of Birth: April 22, 1900 Birth Place: Fremont Co. Rudy, Idaho	Full Name of Mother: Anna-Mabella, Idaho Patience Lucinda Campbell	Name of Father: Ander Christian Anderson
CERTIFICATE	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Date Issued: Nancy Richards	Date Issued: Oct. 7, 19[illegible]	

955-223-003-168

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De59-826
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stella Melissa REESE
2. Date of Birth (month) January (day) 23 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County (then Dempsey) Bannock
b. City or Town of Birth: Lava Hot Springs

FATHER

6. Full Name of Father: Noah Reese
7. State or Country of Father's Birth: Wales

MOTHER

8. Full Maiden Name of Mother: Margaret E. John
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stella Melissa Clark
11. Present Address of Registrant: 920 So. 2nd ave

NOTARY (Seal)

Subscribed and sworn to before me on: July 27, 1959
12. Signature of Notary: S. Hoadley
13. Notary Commission expires: June 1, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record-copy
By whom issued and signed: Portneuf Stake, Lava Ward IDS Church
Date Issued: 2-14-56
Date Orig. Entry: prior to 1917
Class*
Date of Birth: Jan. 23, 1900
Birth Place: Bannock Co. Dempsey, Idaho
Full Name of Mother: Margaret E. John
Name of Father: Noah Reese

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Beneficial Life Ins. Co.
Date Issued: 5-1-20
Date Orig. Entry: March 5, 1920
Class
Date of Birth: Jan. 23, 1900
Birth Place: Lava Hot Springs, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Marriage Record
By whom issued and signed: Bannock Co., Pocatello, Ida.
Date Issued: 5-14-57
Date Orig. Entry: Aug. 14, 1918
Class
Date of Birth: age 18
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Nancy Richards
Date Filed: Oct. 15, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 15 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (a. Country)	(b. City or Town of Birth)
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
CLAIMANT	1. Hereby declare upon oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
	12. Subscribed and sworn to before me on 19	13. Signature of Notary 14. Notary Commission expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-copy	By whom issued and signed: Northern Idaho, Lava Hand Lake Church	Date Issued: 9-11-56	Date Orig. Entry: Under to 1927
Class	Date of Birth: Jan. 23,	Birth Place: Hancock Co.	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 5-1-56	Date Orig. Entry: [illegible]
Class	Date of Birth: Jan. 23, 1900	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Hancock Co., Pocatello, Ida.	Date Issued: 5-11-57	Date Orig. Entry: Dec. 24, 1918
Class	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Oct. 15, 1950

*Class 1 Records are those made and made before the Registrant's Fourth of Jubilee.
Class 2 Records are those made after the Fourth of Jubilee and are at Twenty years old.

219-114-034-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-905

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eli Edward Baruth			2. Date Of Birth (month) (day) (year): November 14, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka Co.	b. City or Town of Birth: Minidoka, Idaho
FATHER	6. Full Name of Father: Christian Ludwig Baruth			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Josephine Jellesed			9. State or Country of Mother's Birth: Dane Co., Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eli Edward Baruth		11. Present Address of Registrant: E. 2003 34th Ave. Spokane 34, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 2 1959	12. Signature of Notary: R. K. Taylor		13. Notary Commission expires: 12/11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 26, 1945
	Date of Birth: Nov. 14, 1900	Birth Place: Minnidoka, Idaho	Full Name of Mother: Josephine Jellesed	Name of Father: Christ L. Baruth
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: Jan. 2, 1938
	Date of Birth: Nov. 14, 1900	Birth Place: Minidoka, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #745	Date Issued: 9-17-59	Date Orig. Entry: child born May 4, 1934
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 6, 1959

FORM BH 56067

1 copy paid

NOV 6 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Name is Registered)	1. Registrant's Full Name at Birth: [illegible] Edward Barnett	2. Date of Birth (month) (day) (year): November 12, 1930	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (Country): Minidoka Co.
			Ability or Town of Birth: Minidoka, Idaho
FATHER	6. Full Name of Father: Gladstone Edward Barnett		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Josephine Pellegrino		9. State or Country of Mother's Birth: Dane Co., Wisconsin
APPLICANT	9. Hereby declare and call that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: R. 2003 Sixth Ave. Spokane 24, Wash.
	12. Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 26, 1945
	Date of Birth: [illegible]	Birth Place: Minidoka, Idaho	Name of Mother: Josephine Pellegrino	Name of Father: Gladstone Edward Barnett
SUPPORTING RECORD 2	Type of Document: Ins. Agent Application	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: Jan. 2, 1938
	Date of Birth: [illegible]	Birth Place: Minidoka, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Washington [illegible]	Date Issued: 9-17-59	Date Orig. Entry: Child born May 4, 1930
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFIED INFORMATION

DECLARATION CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Nov. 6, 1959

639-112-003-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-917

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilford Clay Olive		2. Date of Birth (month) September (day) 12 (year) 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello, Idaho.
FATHER	6. Full Name of Father: John Thomas Olive Sr.		7. State or Country of Father's Birth: Prestwich England
MOTHER	8. Full Maiden Name of Mother: Ann Elizabeth Clay		9. State or Country of Mother's Birth: Howarden, Flint, Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford Clay Olive	11. Present Address of Registrant: 631 Carson Las Vegas, Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: SEPTEMBER 7 1959	12. Signature of Notary: [signature]	13. Notary Commission expires: APRIL-25 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Baptism	By whom issued and signed: Pocatello First Ward LDS Church	Date issued: 2-6-10	Date Orig. Entry: Feb. 5, 1910
	Date of Birth: Sept. 12, 1900; Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Annie E. Clay	Name of Father: John Thomas Olive, Sr.	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: California #6454	Date issued: 10-5-59	Date Orig. Entry: June 5, 1928
	Date of Birth: age 27; Birth Place: Idaho	Full Name of Mother: Ann Clay	Name of Father: John T. Olive	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: C.P.A. Company Detroit, Michigan	Date issued: 10-1-53	Date Orig. Entry: Sept. 25, 1953
	Date of Birth: Sept. 12, 1900; Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Nov. 12, 1959

FORM BH 56067

NOV 12 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's full name at birth: [illegible]	2. Date of birth (month) (day) (year): September 15, [illegible]
	3. Place of birth: [illegible]	4. City or Town of birth: Pocatello, Idaho
FATHER	5. Name of father: Thomas Clive Sr.	6. State or Country of Father's Birth: Prestwich, England
MOTHER	7. Name of mother: [illegible]	8. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	9. Person [illegible] that the above statement is true and [illegible]	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Sept. 12, 1900	Birth Place: Hammond Co., Pocatello, Idaho	Full Name of Mother: Annie B. Clay
	Name of Father: John Thomas Clive, Sr.		
SUPPORTING RECORD 2	Type of Document: Baptismal Record	By whom issued and signed: California [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: Ann Clay
	Name of Father: John T. Clive		
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Sept. 12, 1900	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		

QUALIFYING RECORD 1

REPORT OF CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
	[illegible]	Nov. 12, 1959

236-219-006-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-987

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Hazel Storer
2. Date Of Birth (month) (day) (year): March 19 1900
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Milo Bingham Co
b. City or Town of Birth: Milo Bingham Co

FATHER

6. Full Name of Father: Frederick John Storer
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Cleverly
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Storer Brown
11. Present Address of Registrant: Idaho Falls Idaho 298 E 22 St

NOTARY (Seal)

Subscribed and sworn to before me on: 16th - Nov 1959
12. Signature of Notary: L. J. Jacoby
13. Notary Commission expires: May 12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Bingham Stake, Milo Ward LDS Church	10-26-59	May 6, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1900	Bingham Co. Milo, Idaho	Sarah Jane Cleverly	Frederich John Storer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Idaho Mutual Benefit Assoc.		April 2, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 19, 1900	Milo, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #164785		child born Aug. 13, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jensen	nr Nancy Richards	Dec. 2, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 2 1959

291-229-040-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1021
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Ellen Branch.	2. Date Of Birth (month) July (day) 29 (year) 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Shoshone Co	b. City or Town of Birth: Wallace Idaho.
FATHER	6. Full Name of Father: Nathan Uri Branch.	7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Kathrine Ellen Manning (Nellie)	9. State or Country of Mother's Birth: ~~Michigan~~ Lewiston Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Ellen Branch Cranmer; 11. Present Address of Registrant: Rt 1-Box 14 - Roy Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 8 1959	12. Signature of Notary: Chas T. Dodge; 13. Notary Commission expires: Sept 10 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date issued: 11-10-59	Date Orig. Entry: Jan. 1, 1920
Class*	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 76		By whom issued and signed: Nellie Finn	Date issued: 10-21-59	Date Orig. Entry:
Class	Date of Birth: July 29, 1900	Birth Place: Wallace, Idaho	Full Name of Mother: Nellie E. Branch Finn	Name of Father: Nathan Branch	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Lewiston High School Lewiston, Idaho	Date issued: 8-26-59	Date Orig. Entry: Feb. 3, 1915
Class	Date of Birth: July 29, 1900	Birth Place: —	Full Name of Mother: Mrs.- Branch	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Dec. 28, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

364-113-007-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1033

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Frank Combe			2. Date of Birth (month) (day) (year): September 13, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine Co. (Butte Co. now)	b. City or Town of Birth: Arco, Idaho
FATHER	6. Full Name of Father: Bartholmew Combe			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Josephine Gardiol			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Combe		11. Present Address of Registrant: P. O. Box 142 Huntsville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: Dec. 20, 1962

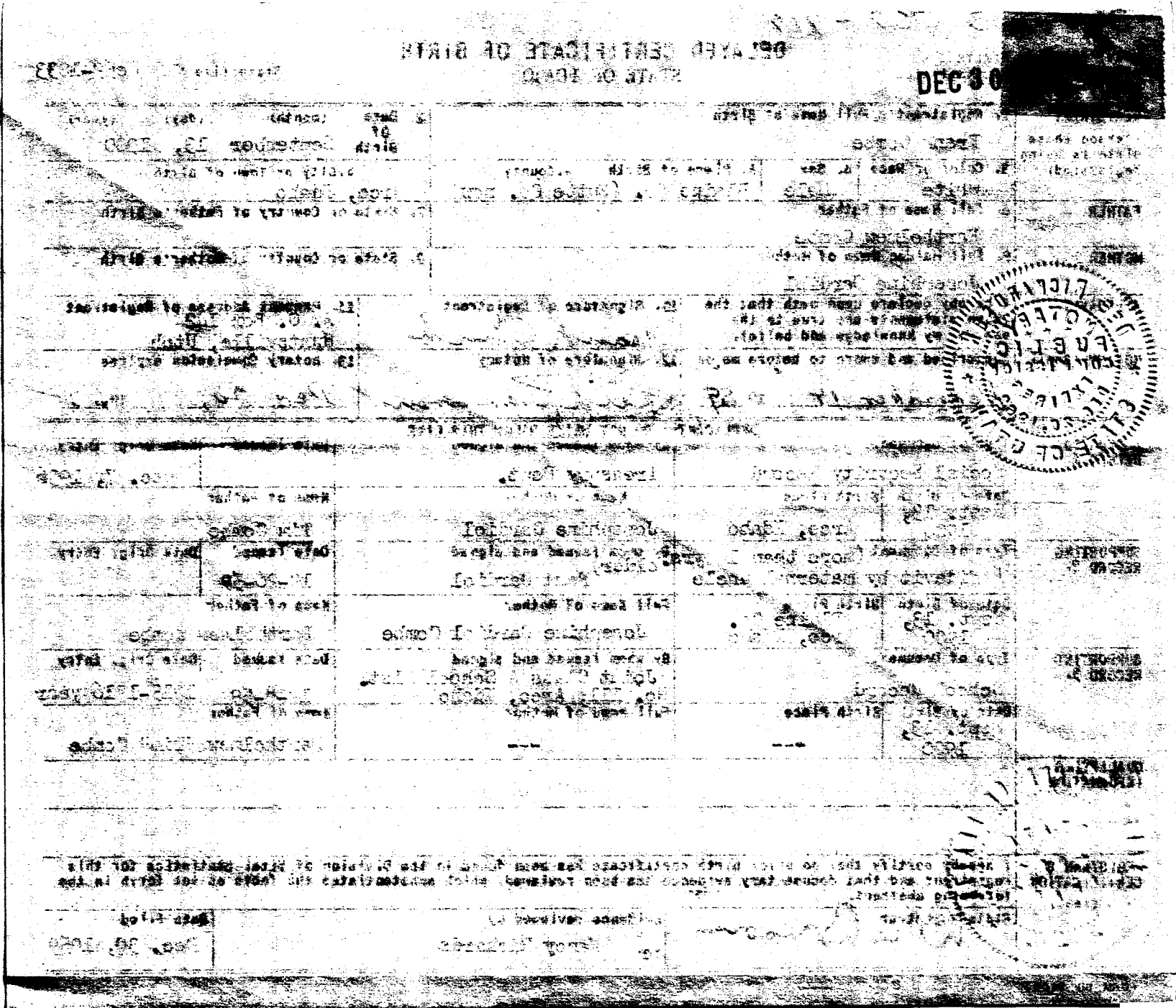
APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 7, 1936
	Date of Birth: Sept. 13, 1900 / Birth Place: Arco, Idaho	Full Name of Mother: Josephine Gardiol	Name of Father: Tim Combe	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle (more than 10 yrs. older)	By whom issued and signed: Paul Gardiol	Date Issued: 10-26-59	Date Orig. Entry:
	Date of Birth: Sept. 13, 1900 / Birth Place: Blaine Co. Arco, Idaho	Full Name of Mother: Josephine Gardiol Combe	Name of Father: Bartholmew Combe	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Joint Class A School Dist. No. 111, Arco, Idaho	Date Issued: 12-8-59	Date Orig. Entry: 1915-1916 year
	Date of Birth: Sept. 13, 1900 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Bartholmew "Tim" Combe	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 30, 1959

FORM BH 56067

1 copy paid



689-203-007-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-046

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Minnie Augusta White
2. Date of Birth (month) July (day) 3, (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blaine County
b. City or Town of Birth: Carey, Idaho

FATHER

6. Full Name of Father: Walter Edward White
7. State or Country of Father's Birth: Nevada

MOTHER

8. Full Maiden Name of Mother: Eva Hunt
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Minnie Walters
11. Present Address of Registrant: 420 E. Arlington, Gladstone, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on January 12th 1960

12. Signature of Notary: Monty V. Davis
13. Notary Commission expires: My Commission Expires Dec. 2, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Eva White	11-23-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3, 1900	Blaine Co. Carey, Idaho	Eva White	Walter Edward White

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Blaine Co. Class A School Dist. #61, Hailey, Idaho	11-25-59	Sept. 10, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 10	----	Eva Hunt White	Walter E. White

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #62617		child born May 26, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 17	Carey, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Jan. 19, 1960

FORM BH 56067

JAN 19 1968

141-103-010-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-053
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLYDE RAYMOND ADAMS			2. Date Of Birth: January 3rd 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho Falls a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: JOSEPH SAMUEL ADAMS			7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: FRANCES COLE			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clyde Raymond Adams	11. Present Address of Registrant: Shelley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1952		12. Signature of Notary: L. Evan Jensen	13. Notary Commission expires: June 16 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S. Church, Shelley Second Ward, Eugene Christiansen, Bishop	Date Issued: 4/3/52	Date Orig. Entry: Baptized on Sept 3, 1910
	Date of Birth: Jan. 3, 1900	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Frances Cole	Name of Father: Joseph Adams	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by sister		By whom issued and signed: Mary Adams Walker	Date Issued: 12/29/52	Date Orig. Entry:
	Date of Birth: Jan. 3, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Frances Cole Adams	Name of Father: Joseph S. Adams	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Apr. 28, 1936
	Date of Birth: Jan. 3, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 21, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 21 1960

Department of Health
Division of Health
Boise, Idaho

File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] ADAMS	2. Date of Birth (month) January (day) 3rd (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho Falls
	6. Place of Birth: Bonneville	6. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: [illegible] ADAMS	7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: FRANCES COLE	9. State or Country of Mother's Birth: UTAH	
VERIFICATION	9. Signature of Registrant	10. Present Address of Registrant: Shelley, Idaho	
	11. Signature of Notary	12. Notary Commission expires: June 25	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom Issued and Signed: L.D.S. Church, Shelley Second Ward, Wheeler Christiansen	Date Issued: 4/3/62	Date Orig. Entry: Reprinted on Sept. 4, 1910
	Date of Birth: Birth Place: Jan. 4, 1900	Full Name of Mother: Frances Cole	Name of Father:	
Class: B				
SUPPORTING RECORD 2	Type of Document: Affidavit by sister	By whom Issued and Signed: Mary Adams Walker	Date Issued: 12/25/62	Date Orig. Entry:
	Date of Birth: Birth Place: Jan. 4, 1900 Idaho Falls, Idaho	Full Name of Mother: Frances Cole Adams	Name of Father: Joseph S. Adams	
Class: B				
SUPPORTING RECORD 3	Type of Document: Insurance Application	By whom Issued and Signed: Idaho Mutual Benefit Assn.	Date Issued:	Date Orig. Entry: Aug. 26, 1936
	Date of Birth: Birth Place: Jan. 3, 1900 Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
Class: B				

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that the delayed certificate has been issued in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing registrant.

State Registrar	By whom reviewed by: Nancy Richards	Date Filed: Jan. 21, 1960

[illegible]

141-121-022-845

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-055
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hugh Adair			2. Date Of Birth (month) Sept. (day) 21 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Warm River
FATHER	6. Full Name of Father: Randolph Adair			7. State or Country of Father's Birth: Pahrea, Utah
MOTHER	8. Full Maiden Name of Mother: Tolia Rebecca Huish			9. State or Country of Mother's Birth: Payson, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hugh Adair		11. Present Address of Registrant: New Meadows, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 22 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: Affidavit by Father	By whom issued and signed: RAndolph Adair		Date Issued: --	Date Orig. Entry: May 5, 1955
	Date of Birth: Sept. 21, 1900	Birth Place: Warm River, Ida.	Full Name of Mother: Tolia Rebecca Huish	Name of Father: RAndolph Adair	
SUPPORTING RECORD 2. Class	Type of Document: Census Record Jan. 1, 1920	By whom issued and signed: U. S. Department of Commerce Bureau of Census		Date Issued: Jan. 14, 1960	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Tolia Adair	Name of Father: Randolph Adair	
SUPPORTING RECORD 3. Class	Type of Document: Family record book	By whom issued and signed: --		Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: Sept. 21, 1900	Birth Place: Warm River, Idaho	Full Name of Mother: Tolia Adair	Name of Father: Randolph Adair	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Jan. 22, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

one copy PO

JAN 22 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registration No. 8-58-[illegible]

Local Registration No.

Reg. Dist. No.

REGISTRANT	1. Registrant's Full Name of Birth	6. Date of Birth (month) (day) (year)
Person whose birth is being registered	Hugh Adair	Sept. 21 1960
	2. Color or Race (3. Sex) (5. Place of Birth (a. county)	Duplicate Town of Birth
	white male Fremont	Warm River
FATHER	4. Full Name of Father	7. State or Country of Father's Birth
	Randolph Adair	Pahrea, Utah
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
	Tolia Rebecca Hulsh	Payson, Utah
AFFIDAVIT	Whereas, [illegible] that the above [illegible] are true to the best of [illegible] knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible] Adair, Idaho
NOTARY	11. [illegible] to before me of	12. Signature of Notary 13. Notary Commission expires
		19

SUPPORTING RECORD 1.	Type of Document	Date of Birth	Date Issued	Date Orig. Entry
	Affidavit by Father	Randolph Adair	--	May 5, 1955
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
	Sept. 21	Tolia Rebecca Hulsh	Randolph Adair	
	Warm River, Idaho	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 2.	Type of Document	U. S. Department of Commerce	Jan. 14, 1960	Jan. 1, 1920
	Census Record Jan. 1, 1920	Bureau of Census	Name of Father	
	Date of Birth, Birth Place	Full Name of Mother	Randolph Adair	
	Age 19 Idaho	Tolia Adair	Date Issued	Date Orig. Entry
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	--	obviously old
	Family record book	Full Name of Mother	Name of Father	
	Date of Birth, Birth Place			
	Sept. 21, 1960 Warm River, Idaho	Tolia Adair	Randolph Adair	

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Jan. 22, 1960

*Class A records are those made and dated before the Registrant's fourth birthday.
Class B records are those made after the fourth birthday but are at least [illegible]

394-216-025-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Edith Trueblood		2. Date Of Birth (month) 4 (day) 16 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville.
FATHER	6. Full Name of Father: William J. Trueblood		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Laura E. Drinkard		9. State or Country of Mother's Birth: Chariton County, Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah E. Smart	11. Present Address of Registrant: R.D.1 Twin Falls Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 26 1960	12. Signature of Notary: J W Slack	13. Notary Commission expires: January 16 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 68	By whom issued and signed: Blanche Quigley	Date Issued: 10-2-57	Date Orig. Entry:
	Date of Birth: April 16, 1900 / Birth Place: Idaho Co. Grangeville, Ida.	Full Name of Mother: Laura E. Drinkard	Name of Father: William J. Trueblood	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 7-10-45	Date Orig. Entry: July 6, 1945
	Date of Birth: April 16, 1900 / Birth Place: Grangeville, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Election Record	By whom issued and signed: Twin Falls County, Idaho	Date Issued: 1-20-60	Date Orig. Entry: 1942
	Date of Birth: April 16, 1900 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnum	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 4, 1960

FORM BH 56067

1-21-60 one copy paid #19515

FEB 4 1980

AUG 13 1974

294-218-003-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Rebecca Simmons			2. Date Of Birth (month) Jan. (day) 18 (year) 1900
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Riverside (mailing address-Blackfoot)
FATHER	6. Full Name of Father: George Willam Ford Simmons.			7. State or Country of Father's Birth: England.
MOTHER	8. Full Maiden Name of Mother: Mary Silletto			9. State or Country of Mother's Birth: England.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Rudd		11. Present Address of Registrant: REXBURG, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1958	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Rexburg 6th Ward, Rexburg Stake, LDS Church	Date Issued: 4-21-58	Date Orig. Entry: Jan. 26, 1900
	Date of Birth: Jan. 18, 1900 / Birth Place: Bannock Co, Riverside, Idaho	Full Name of Mother: Mary Silletto	Name of Father: George W. Simmons	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #156868	Date Issued:	Date Orig. Entry: child born Oct. 9, 1927
	Date of Birth: age 27 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Intermountain Mutual Assoc., Inc.	Date Issued: 4-27-1938	Date Orig. Entry: 4-27-38
	Date of Birth: Jan. 18, 1900 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	nr Nancy Richards	Feb. 9, 1960

FORM BH 56067

FEB 8 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

386-115-036-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-123

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herbert Dredge Thomas
2. Date Of Birth: (month) May (day) 15 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad City, Idaho

FATHER

6. Full Name of Father: David Sparrey Thomas
7. State or Country of Father's Birth: Pembrey, Carmarthanshire Wales, Great Britain

MOTHER

8. Full Maiden Name of Mother: Alice Dredge
9. State or Country of Mother's Birth: Oneida, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herbert D. Thomas
11. Present Address of Registrant: 649 - 16th St., Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: January 27, 1960
12. Signature of Notary: [signature]
13. Notary Commission expires: Jan. 3, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Mutual Life Ins. Co. of N.Y.	10-17-19	Oct. 10, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1900	Malad, Idaho	Alice Dredge Thomas	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	General Mills, Inc., Ogden, Utah		Sept. 24, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1900	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record-Baptism	Malad Ward, LDS Church Malad, Idaho	12-18-11	May 15, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1900	Oneida Co. Malad, Idaho	Alice Dredge	David S. Thomas

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Feb. 12, 1960

FORM BH 56067 11-27-59

DEPARTMENT OF PUBLIC HEALTH

FEB 13 1960

844-126-036-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tora Voy Hudson			2. Date of Birth (month) June (day) 26, (year) 1900
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Stone
FATHER	6. Full Name of Father: William Thomas Hudson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ella Amanda Sparks			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tora Voy Hudson		11. Present Address of Registrant: 423 Alturas Drive, Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 19 60	12. Signature of Notary: Edward A. Lund		13. Notary Commission expires: June 1 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit concerning family records by Mother	By whom issued and signed: record in Mother's handwriting Sherman William Hudson	Date Issued: 2-2-60	Date Orig. Entry: prior to 9-5-54	
	Date of Birth: 6-26-1900	Birth Place: Stone, Idaho	Full Name of Mother: Ella Amanda Sparks	Name of Father: William Thomas Hudson	
SUPPORTING RECORD 2.	Type of Document: Affidavit concerning LDS church records	By whom issued and signed: Bishop LDS Church Francis M. Egbert, Jr.	Date Issued: 2/2/60	Date Orig. Entry: May 23, 1911	
	Date of Birth: 6-26-1900	Birth Place: Stone, Idaho	Full Name of Mother: Ella Sparks	Name of Father: William T. Hudson	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for Marriage license	By whom issued and signed: Clerk, Bannock County	Date Issued: 1-27-60	Date Orig. Entry: 12-26-41	
	Date of Birth: age 41	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	1a Lois Ayers	Feb. 12, 1960

FORM BH 56067 1-20-60

FEB 12 1980
OCT 18 1972

	Tora Joy Hudson		
	White	M	Oneida	June 26, 1900
			Stone
	William Thomas Hudson		Utah
	Zila Amanda Sparks		Utah
			423 Alturas Drive Twin Falls, Idaho
	February 2	60	June 1	03
	Affidavit records by Mother Norman William Hudson		2-2-50	52-[illegible]
0-26-1900	Stone, Idaho	Zila Amanda Sparks	William Thomas Hudson
	Affidavit church records	Francis R. Egbert, Jr.	2/2/50	May 23, 1911
6-26-1900	Stone, Idaho	Zila Sparks	William T. Hudson
	Fr Marriage license	Clerk, Hancock County	1-27-50	12-26-41
		--	--	

665-227-001-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera A. Ownbey			2. Date Of Birth (month) 6 (day) 27 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada, Boise,	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Jackson Ownbey			7. State or Country of Father's Birth: Nashville, Tenn.	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Smith			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera A. Kalange		11. Present Address of Registrant: 413 Sherman St., Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 19 60	12. Signature of Notary: [signature]		13. Notary Commission expires: August 15 19 60	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Onefile Vital Statistics #84616	Date Issued: --	Date Orig. Entry: child born Oct. 28, 1920	
	Date of Birth: age 20	Birth Place: Ada Co., Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of Application for Social Security Number	By whom issued and signed: U.S. Treasury Dept. #519-16-5077	Date Issued: --	Date Orig. Entry: Dec. 14, 1940	
	Date of Birth: June 27, 1900	Birth Place: Boise, Idaho	Full Name of Mother: Mary Elizabeth Smith	Name of Father: Jackson Ownbey	
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of marriage License	By whom issued and signed: Vern Thomas, Ada County recorder	Date Issued: Jan. 28, 1960	Date Orig. Entry: Aug. 1, 1949	
	Date of Birth: age 49	Birth Place: Boise, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Feb. 24, 1960

FORM BH 56067

FEB 25 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Feb-134

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Vern A. Owmby	2. Date of Birth (month) (day) (year): 27 1900
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth: Boise, Ada	Ability or Town of Birth: Boise
FATHER	6. Full Name of Father: Jackson Owmby	7. State or Country of Father's Birth: Nashville, Tenn.
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Smith	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	10. Hereby Whatever upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 413 Sherman St., Boise, Idaho
	12. Subscribed and sworn to before me on: February 21, 1960	13. Notary Commission expires: August 15, 1960

APPLICATION TO ADD WHITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Adopted's birth certificate	Bureau Vital Statistics 90415	--	Oct. 25, 1960
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Age 20 Ada Co., Idaho	--	--	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photostatic copy of Application for Social Security Number	Dept. Treasury Dept. 1917-[illegible]	--	Dec. 16, 1960
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 27, 1960 Boise, Idaho	Mary Elizabeth Smith	Jackson Owmby	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photostatic copy of Marriage License	Vern Thomas, Ada County recorder	Dec. 24, 1960	Aug. 1, 1949
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Age 49 Boise, Idaho	--	--	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. W. Benson	Lois Ayers	Feb. 24, 1960

353-206-005-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-170
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Lecoultre			2. Date of Birth (month) (day) (year): September 6 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: St. Maries, Idaho Benewah	b. City or Town of Birth: St. Maries, Idaho
FATHER	6. Full Name of Father: Edward Lecoultre			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Emma Jacot			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Clara Lecoultre Scott		11. Present Address of Registrant: 2052 - 40th Avenue Longview, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1960	12. Signature of Notary: Velma D. Walker		13. Notary Commission expires: January 23 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: John Ducommun, age 73	Date Issued: 2-15-60	Date Orig. Entry:
Class*	Date of Birth: Sept. 6, 1900	Birth Place: St. Maries, Idaho	Full Name of Mother: Emma Jacot	Name of Father: Edward Lecoultre	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Benewah County, Idaho	Date Issued: 2-8-60	Date Orig. Entry: May 23, 1921
Class	Date of Birth: age 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #113200	Date Issued:	Date Orig. Entry: child born June 18, 1923
Class	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bronson	mr Nancy Richards	Feb. 29, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

FEB 29 1980

795-222-0226-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Aurilla Pierce			2. Date Of Birth (month) 5 (day) 22 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Annis Jefferson	b. City or Town of Birth: Annis - P.O. Lorenzo	
FATHER	6. Full Name of Father: Francis Marion Pierce			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Lee			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eunice A. Wells	11. Present Address of Registrant: S. 3116 Manito - Spokane Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-12 1959		12. Signature of Notary: [illegible]	13. Notary Commission expires: 5-18 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 12, 1948
	Date of Birth: May 22, 1900 / Birth Place: Jefferson Co. Lorenzo, Idaho	Full Name of Mother: Elizabeth Jane Lee	Name of Father: Francis Marion Pierce	
SUPPORTING RECORD 2.	Type of Document: (born 4-2-1886) Affidavit by brother	By whom issued and signed: Caton W. Pierce	Date Issued: 5-25-59	Date Orig. Entry:
	Date of Birth: May 22, 1900 / Birth Place: Annis, Idaho	Full Name of Mother: Elizabeth Jane (Lee) Pierce	Name of Father: Francis Marion Pierce	
SUPPORTING RECORD 3.	Type of Document: Church Record-Baptism	By whom issued and signed: IDS CHURCH Salt Lake City, Utah	Date Issued: 2-17-60	Date Orig. Entry: Aug. 1, 1908
	Date of Birth: May 22, 1900 / Birth Place: Annis, Idaho	Full Name of Mother: Elizabeth Lee	Name of Father: Frances Pierce	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards nr	Date Filed: March 3, 1960

FORM BH 56067

MAR 3, 1960

DEC 14 1960

693-231-028-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-194

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LuLu Josephine Williams
2. Date of Birth (month) (day) (year): March 31 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Kootenai
b. City or Town of Birth: Clarkia

FATHER

6. Full Name of Father: Charles Wesley Williams
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Josephine Elizabeth Frein
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lulu Davis
11. Present Address of Registrant: 624 N.E. Garrett-Portland

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 8 1960
12. Signature of Notary: H. Benson
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON — My Commission Expires Jan. 30, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother (born 12-18-1888)	John Wesley Williams	2-17-60	
	Date of Birth: March 31, 1900 — Birth Place: Clarkia, Idaho	Full Name of Mother: Josephine Elizabeth Frien	Name of Father: Charles Wesley Williams	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Ignatius Hospital Colfax, Washington	Date Issued: 2-13-60	Date Orig. Entry: Jan. 1938
(age 37)	Date of Birth: March 31, 1900 — Birth Place: Idaho	Full Name of Mother (born-Mo.): Josephine Frein	Name of Father (born-Mo.): Charles Williams	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Washington Record #493	Date Issued: 6-6-44	Date Orig. Entry: child born Dec. 5, 1928
	Date of Birth: age 28 — Birth Place: Kootenai Co., Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Nancy Richards	March 7, 1960

FORM BH 56067

2-4-60 one copy paid #19883

MAR 7 1968

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT	1. Registration Dist. Name of Birth	2. Date of Birth	
Person who Birth is being registered	Color or Sex	3. Place of Birth	Country or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
APPLICANT	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Form 10-11-1888	By whom issued and signed: John Wesley Williams	Date Issued: 2-11-68	Date Filed: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Josephine Williams	Date of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Anthony Hospital, Wellington	Date Issued: 2-12-68	Date (Fig. Entry): Jan. 1968
	Date of Birth: [illegible]	Full Name of Mother: Josephine Frein	Name of Father: Charles Williams	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: Washington Record Bldg	Date Issued: 6-5-68	Date Orig. Entry: Aug. 2, 1968
	Date of Birth: Aug 28	Full Name of Mother:	Name of Father:	

Qualified Certificate

Certificate of Qualification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: March 7, 1968

2-4-ou one copy paid #19883

21I-216-003-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Frances Baker		2. Date Of Birth (month) (day) (year): Dec 16 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pocatello, Bannock Idaho; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Willis Allen Baker		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Nora Amelia Tilley		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn F Baker	11. Present Address of Registrant: 112 So Hooker St Denver Colo
NOTARY (Seal)	Subscribed and sworn to before me on: January 6th 1960	12. Signature of Notary: Loene Berman	13. Notary Commission expires: My Commission expires March 2, 1960. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Lincoln Nat'l. Life Ins. Co.	Date Issued:	Date Orig. Entry: Aug. 1, 1937
	Date of Birth: Dec. 16, 1900	Birth Place: Idaho	Full Name of Mother: Nora A. Baker	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 70	By whom issued and signed: Mary Baker Hall	Date Issued: 1-25-60	Date Orig. Entry:
	Date of Birth: Dec. 16, 1900	Birth Place: Pocatello, Idaho	Full Name of Mother: Nora A. Baker	Name of Father: Willis Allen Baker
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Western Union Telegraph Co. Denver, Colo.	Date Issued: 2-23-60	Date Orig. Entry: June 3, 1918
	Date of Birth: Dec. 16, 1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards nr	March 8, 1960

FORM BH 56067

1 copy mailed

AYER [illegible] OF BIRTH

STATE OF ILLINOIS

603-209-001-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-230
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Muriel Teresa Waller
2. Date of Birth (month) (day) (year): July 9 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise, Idaho Ada
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Isaac Harvey Waller
7. State or Country of Father's Birth: Clinton, Illinois

MOTHER

8. Full Maiden Name of Mother: Ida M. Martin
9. State or Country of Mother's Birth: New Providence, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Muriel Pruett
11. Present Address of Registrant: 2921 W. Eastman

NOTARY (Seal)

Subscribed and sworn to before me on March 16 1960

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Bible Record	Mother		July 9, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9, 1900	Boise, Idaho	Ida M. Martin	Isaac Harvey Waller

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	U. S. Department of Commerce Bureau of Census	April 19, 1958	census of April 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9	Idaho	Ida M. Waller	Isaac H. Waller

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Photostatic copy of application for Social Security card	U. S. Treasury Dept.	--	Sept. 6, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9, 1900	Boise, Idaho	Mary Martin	Isac Harvey Waller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	March 16, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0067

MAR 17 1980

994-213-037-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Riddle			2. Date of Birth (month) February (day) 13 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Riddle
FATHER	6. Full Name of Father: Grant Riddle			7. State or Country of Father's Birth: California, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Cecilia Duncan			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ruby Hall		11. Present Address of Registrant: Glenns Ferry, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on 3-24- 1960	12. Signature of Notary: N. N. Sanders		13. Notary Public Residing at Mtn. Home, Elmore Co., Idaho. My Commission Expires March 3, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (mother in law's) Application formMembership in American War Mothers	By whom issued and signed: Martha E. Hall	Date Issued: Feb. 8, 1932	Date Orig. Entry: Feb. 8, 1932
	Date of Birth: Feb. 13, 1900	Birth Place: Riddle, Owyhee Co. Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #172748	Date Issued: --	Date Orig. Entry: child born June 23, 1929
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time of birth,	By whom issued and signed: Rose Crocheron, age 82	Date Issued: 3-1-60	Date Orig. Entry:
	Date of Birth: Feb. 13, 1900	Birth Place: ----	Full Name of Mother: Cecilia Riddle	Name of Father: Grant Riddle
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Brown	Evidence reviewed by: la nr Nancy Richards	Date Filed: March 30, 1960

FORM BH 56067

1 Copy Paid # 18408

MAR 31 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

CHILD	1. Registrant's Full Name of Birth: Ruby Riddle	2. Date of Birth: February 13 1900	
	3. Sex: Female	4. Place of Birth: Owyhee	5. Place of Birth: Riddle
FATHER	6. Full Name of Father: Grant Riddle	7. State or Country of Father's Birth:	
MOTHER	8. Full Maiden Name of Mother: Cecilia Duncan	9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Seal

SUPPORTING RECORD 1	Type of Document: Mother in law's Application for Membership in American Car Mothers	By Whom Issued and Signed:	Date Issued: Feb. 8, 1929
	Date of Birth: Feb. 13, 1900	Birth Place: Riddle, Owyhee Co. Idaho	Name of Father:
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By Whom Issued and Signed: On file Vital Statistics #172/48	Date Issued: -- Date Orig. Entry: child born June 25, 1929
	Date of Birth: age 27	Birth Place: Idaho	Name of Father: --
SUPPORTING RECORD 3	Type of Document: Affidavit by Family Friend at time of birth, Rose Grocheron, age 52	By Whom Issued and Signed:	Date Issued: 7-1-30 Date Orig. Entry:
	Date of Birth: Feb. 13, 1900	Birth Place: ---	Full Name of Mother: Cecilia Riddle Name of Father: Grant Riddle
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION	I hereby certify that my seal is the certificate has been issued in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.		
	State Registrar	Evidence reviewed by:	Date Filed:

815-118-021-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-303

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Niels Wilford Hansen
2. Date of Birth (month) (day) (year): August 18 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Oneida-now Franklin
b. City or Town of Birth: MinkCreek, Idaho

FATHER

6. Full Name of Father: John Christian Hansen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Ane Catherine Nielsen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Niels Wilford Hansen
11. Present Address of Registrant: 34North 2nd East Preston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 25th March 1960
12. Signature of Notary: Ted Larsen
13. Notary Commission expires: May 12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of Application for License to Marry -#62	Iver L. Larsen, Clerk, County of Cache, State of Utah	March 23, 1960	March 16, 1921
	Date of Birth: August 18, 1900 / Birth Place: Mink Creek, Idaho	Full Name of Mother: Ane C. Nelson	Name of Father: John C. Hansen	
SUPPORTING RECORD 2.	Insurance Policy	Beneficial Protective Assn. Pocatello, Idaho	Oct 30, 1947	Oct 30, 1947
	Date of Birth: August 18, 1900 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Certificate of Ordination in the Office of Deacon	L.D.S.Church-Albert A. Wilde Clerk Glencoe Ward.	July 3, 1915	ordained June 20, 1915
	Date of Birth: August 18, 1900 / Birth Place: Franklin co. Mink Creek, Idaho	Full Name of Mother: Ane C. Neilson	Name of Father: John C. Hansen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 5, 1960

FORM BH 56067

3-2-60

APR 6 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name of Birth: Niels [illegible] Hansen	2. Date of Birth: August 18, 1900	
3. Color or Race: Wita	4. Sex: [illegible]	5. Place of Birth: Cheidsnow Franklin; Country: [illegible]
6. Full Name of Father: John Christian Hansen	7. State or Country of Father's Birth: Denmark	
8. Full Maiden Name of Mother: Ane Catharine Nielson	9. State or Country of Mother's Birth: Denmark	
10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 34 North 2nd East, Preston, Idaho	
12. Signature of Registrant: [illegible]	13. Notary Commission Expires: May 12, 1962	
14. Subscribed and sworn to before me on: [illegible] March 1960	15. Signature of Notary: [illegible]	

SUPPORTING RECORD 1.

Type of Document	Date Issued	Date Orig. Entry
Certified copy of Application for License to Marry [illegible]	March 23, 1960	March 16, 1961
Date of Birth: August 18, 1900	Name of Father: John C. Hansen	
Birth Place: Ann G. Nelson		

SUPPORTING RECORD 2.

Type of Document	Date Issued	Date Orig. Entry
[illegible] Valley	Oct 30, 1947	Oct 30, 1947
Date of Birth: August 18, 1900	Name of Father:	
Birth Place: Idaho		

SUPPORTING RECORD 3.

Type of Document	Date Issued	Date Orig. Entry
Certificate of Ordination in the Office of Deacon	July 5, 1916	Ordained June 20, 1916
Date of Birth: August 18, 1900	Name of Father: John C. Hansen	
Birth Place: Franklin Co., Mink Creek, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Hansen	Joyce [illegible] Foltz	April 6, 1960

3-2-60

315-203-001-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivy Myrtle Cantrall			2. Date of Birth (month) (day) (year): September 3rd 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Round Valley Ada Valley	b. City or Town of Birth: Round Valley Idaho
FATHER	6. Full Name of Father: Stephen Lafayette Cantrall			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hackett			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivy Myrtle Cantrall Shannon		11. Present Address of Registrant: Pinedale Wyoming
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1960	12. Signature of Notary: H. H. Summers		13. Notary Commission expires: June 7 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #115811		Date Issued: ----	Date Orig. Entry: child born Sept 25, 1923
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of Petition for Degrees, Order of Eastern Star	By whom issued and signed: H. H. Summers, County Clerk Sublette Co., Wyoming		Date Issued: April 14, 1960	Date Orig. Entry: May 11, 1928
	Date of Birth: Sept. 3, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister-age 72	By whom issued and signed: Clara E. Strawn		Date Issued: March 24, 1960	Date Orig. Entry: ---
	Date of Birth: Sept 3, 1900	Birth Place: Round Valley, Idaho	Full Name of Mother: Mary E. Cantrall	Name of Father: Stephen L. Cantrall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 11, 1960

FORM BH 56067 3-14-60

MAY 12 1960

759-220-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Maud Gerrard		2. Date Of Birth (month) (day) (year): Nov 20 1900
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Willow creek Cassia; b. City or Town of Birth:
FATHER	6. Full Name of Father: Joseph Hyrum Gerrard		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Stanger		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Maud Skelberry	11. Present Address of Registrant: Oakley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 27 1960 ____ 19__	12. Signature of Notary: John H Benson	13. Notary Commission expires: Jan 1st 1961 ____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re. Church Records, L.D.S.Church	By whom issued and signed: Floyd J. Pickett, Clerk Custodian of Church Records	Date Issued: April 29, 1960	Date Orig. Entry: Baptized July 2, 1910	
	Date of Birth: Nov. 20, 1900	Birth Place: Willow Creek, Idaho Cassia County	Full Name of Mother: Elizabeth Jane Stanger	Name of Father: Joseph H. Gerard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Elizabeth Jane Garrard	Date Issued: April 28, 1960	Date Orig. Entry: ----	
	Date of Birth: Nov 20, 1900	Birth Place: Willow Creek, Idaho Cassia County	Full Name of Mother: Elizabeth Jane Stanger Garrard	Name of Father: Joseph Hyrum Garrard	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Page from Family Bible	By whom issued and signed: original viewed by L.W.Elliott Notary Public, Cassia co., Idaho	Date Issued: May 26, 1960	Date Orig. Entry: obviously old	
	Date of Birth: Nov. 20, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	May 31, 1960

FORM BH 56067 4-12-60

MAY 31 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Myrtle Maud Gerrard	2. Date of Birth (month) (day) (year): Nov 20 1960
	3. Sex: W	4. Place of Birth: Female Willow Creek Cassia County
FATHER	5. Full Name of Father: Joseph Myrum Gerrard	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Name of Mother: Elizabeth Jane Stanger	9. State or Country of Mother's Birth: Utah
	10. Declare and Date that the Statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Oakley Idaho
	12. Signature of Registrant	13. Signature of Clerk
	14. Date of Birth: Nov 20 1960	15. Date Registered: Jan 1st 1961

DOCUMENT RECORD 1	Document Statement Rec. Church Records, L.D.S. Church	By whom Issued and Signed: Floyd J. Pickett, Clerk Custodian of Church Records	Date Issued: April 7, 1960	Date Orig. Entry: Certified July 31, 1960
	Date of Birth: Nov. 20, 1960	Full Name of Mother: Cassia County	Name of Father:	
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom Issued and Signed: Mrs. Elizabeth Jane Gerrard	Date Issued: April 26, 1960	Date Orig. Entry: —
	Date of Birth: Nov 20, 1960	Full Name of Mother: Elizabeth Jane Stanger Garrard	Name of Father: Joseph Myrum Garrard	
SUPPORTING RECORD 3	Type of Document: Photo copy of Page from Family Bible	By whom Issued and Signed: Original viewed by L.V. Elliott Notary Public, Cassia Co., Idaho	Date Issued: May 26, 1960	Date Orig. Entry: obviously old
	Date of Birth: Nov. 20, 1960	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed	Date Filed
H. W. Benson	by Joyce B. Foltz	May 31, 1960

A-12-60

389-215-036-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-457

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Sarah Christensen			2. Date Of Birth (month) (day) (year): March 15, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Mink Creek, Idaho
FATHER	6. Full Name of Father: Carl Christen Christensen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Ida Mary Christensen "maiden name also"			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Gibbons		11. Present Address of Registrant: 449 E. Oneida, Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 1960	12. Signature of Notary: Ted Larsen		13. Notary Commission expires: May 12 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: Mink Creek Ward LDS Church	Date Issued:	Date Orig. Entry: July 1, 1908
	Date of Birth: March 15, 1900 / Birth Place: Oneida Co. Mink Creek, Idaho	Full Name of Mother: Ida Mary Christensen	Name of Father: C. C. Christensen	
SUPPORTING RECORD 2.	Type of Document: (10 yrs. senior) Affidavit by sister	By whom issued and signed: Elvina Keller	Date Issued: 3-3-60	Date Orig. Entry:
	Date of Birth: March 15, 1900 / Birth Place: Mink Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church certificat of birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: March 25, 1960	Date Orig. Entry: July 5, 1908
	Date of Birth: March 15, 1900 / Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Ida M.----	Name of Father: C. C. Christensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny Patterson	Date Filed: June 2, 1960

FORM BH 56067 1 copy paid

JUN 3 1960

864-226-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-532

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Tressie Young
2. Date of Birth: (month) 5 (day) 26 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont (mailing address) b. City or Town of Birth: Twin Groves St. Anthony, Idaho

FATHER

6. Full Name of Father: Charles Young
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Adrienne Wilson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tressie Young Heilson
11. Present Address of Registrant: Reyburg Idaho R no 1

NOTARY (Seal)

Subscribed and sworn to before me on: 4-15 1960
12. Signature of Notary: Edgar Dorsheimer
13. Notary Commission expires: 7-1 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Mother
By whom issued and signed: Adrienne Wilson Young
Date Issued: April 15, 1960
Date Orig. Entry: ---
Date of Birth: May 26, 1900
Birth Place: St. Anthony, Idaho Fremont County
Full Name of Mother: Adrienne Wilson
Name of Father: Charles Young

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: Idaho #522629
Date Issued: ----
Date Orig. Entry: child born Sept 3, 1941
Date of Birth: age 41
Birth Place: St. Anthony, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: certificate of blessing
By whom issued and signed: LDS Church, Seventh Ward, Rexburg stake, L.V.Young, Clerk
Date Issued: June 17, 1900
Date Orig. Entry: blessed June 17, 1900
Date of Birth: May 26, 1900
Birth Place: Twin Groves, Idaho Fremont County
Full Name of Mother: Adrienne Wilson
Name of Father: Charles Young

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bf Penny Patterson
Date Filed: June 16, 1960

FORM BH 56067

JUN 17 1960

355-205-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Bell Lee			2. Date Of Birth (month) February (day) 5 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Marion
FATHER	6. Full Name of Father: Joseph B. Lee			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Mecham			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hannah Bell Day		11. Present Address of Registrant: 109 3rd St Rupert Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 28, 1960 19___	12. Signature of Notary: John F Davidson		13. Notary Commission expires: Jan 1st 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo-copy of page from Bible	By whom issued and signed: original viewed by John F. Davidson, Notary, Burley, Idaho	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb. 5, 1900 / Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: on file in Idaho-162000	Date Issued:	Date Orig. Entry: child born May 24, 1928
	Date of Birth: age 28 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister age 70	By whom issued and signed: Mary Ellen Lee Warlurton	Date Issued: June 13, 1960	Date Orig. Entry: ---
	Date of Birth: Feb. 5, 1900 / Birth Place: Marrion, Idaho Cassia, County	Full Name of Mother: Mary Ann Mecham	Name of Father: Joseph B. Lee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Penny Patterson	Date Filed: June 16, 1960

FORM BH 56067

JUN 17 1960

293-122-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics,
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gilbert Theodore Bitton			2. Date of Birth (month) (day) (year): February 22, 1900
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Poplar, Idaho
FATHER	6. Full Name of Father: Walter Samuel Bitton			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Smith			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gilbert Theodore Bitton		11. Present Address of Registrant: RFD #1 Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 19 60	12. Signature of Notary: Selmer George		13. Notary Commission expires: Sept. 19 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family more than 10 years old at time of birth	By whom issued and signed: A. P. Smith	Date Issued: June 15, 1960	Date Orig. Entry: -----
	Date of Birth: Feb. 22, 1900	Birth Place: Bonneville County Poplar, Idaho	Full Name of Mother: Nellie Bitton	Name of Father: Walter Samuel Bitton
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: treasury Department	Date Issued: ---	Date Orig. Entry: June 13, 1955
	Date of Birth: Feb. 2, 1900	Birth Place: Bonneville County Poplar, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Walter Bitton
SUPPORTING RECORD 3.	Type of Document: certified photocopy of marriage license affidavit	By whom issued and signed: Harry Moore, Bonneville Co. recorder	Date Issued: April 6, 1960	Date Orig. Entry: May 26, 1942
	Date of Birth: age 42	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 23, 1960

FORM BH 56067 1-20-60

JUN 24 1960

DELAYED (SUPPLEMENTARY) CERTIFICATE OF BIRTH

STATE OF IDAHO

355-206-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-565

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERA VIOLA LEE
2. Date Of Birth (month) (day) (year): AUG. 6 1900
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: HOME, CASSIA
b. City or Town of Birth: OAKLEY

FATHER

6. Full Name of Father: ELI "H." LEE
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: LILLIE VIRGINIA KARLSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vera Viola Lee
11. Present Address of Registrant: 216 W. COLORADO BLVD. MONROVIA CALIF

NOTARY (Seal)

Subscribed and sworn to before me on: JUNE 3 1960

12. Signature of Notary: J. Frank Bell Jr.
13. Notary Commission expires: AUG 27 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate	Idaho #139701	---	child born Sept. 22, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Oakley, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of baptism and confirmation	LDS Church, Parker, Idaho George F. Rudd, clerk	---	baptized June 5, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 6, 1900	Oakley, Idaho Cassia County	Lily Karlson	Eli H. Lee

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified photocopy of page from family Bible	(State of California) J. Frank Bell, Jr. Notary	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 6, 1900	Oakley, Idaho	Lillie V. Karlson	Eli H. Lee

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	June 24, 1960

FORM BH 56067

5-23-60 one copy paid #02474

JUN 27 1960

319-223-025-141

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-575
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adeline Matilda LaRouche	2. Date of Birth (month) May (day) 23 (year) 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho Falls, Idaho	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Mathias LaRouche	7. State or Country of Father's Birth: New York, N.Y.
MOTHER	8. Full Maiden Name of Mother: Emma Adams	9. State or Country of Mother's Birth: Springfield, Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adeline Mefford; 11. Present Address of Registrant: 35 So St Louis Ave. Chicago, Ill.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1956	12. Signature of Notary: Rosemary Gilmore City and County of San Francisco, State of California; 13. Notary Commission expires: September 24 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Adams Jones	Date issued: 9-12-57	Date Orig. Entry:
Class* B	Date of Birth: May 23, 1900; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Emma Adams	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: #3989 certified photostatic copy of own child's birth certificate	By whom issued and signed: Vital Statistics Div., Dept. of Health, Seattle, Washington	Date issued: Feb 3, 1960	Date Orig. Entry: child born Oct 11, 1928
Class	Date of Birth: age 28; Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: certificate of baptism	By whom issued and signed: Roman Catholic Church, St. Joseph, Poca. Ida. C.M. Verhoever	Date issued: April 13, 1960	Date Orig. Entry: baptized April 16, 1908
Class	Date of Birth: May 13, 1900; Birth Place: Idaho Falls, Ida	Full Name of Mother: Emma Adams	Name of Father: Matthia Larouch	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 27, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

JUN 28 1969

JUL 7 1969

449-217-030-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-595

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ila Grace Durand
2. Date Of Birth: April 17, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Edward A. Durand
7. State or Country of Father's Birth: Umatilla, Oregon

MOTHER

8. Full Maiden Name of Mother: Luella Adeline Cole
9. State or Country of Mother's Birth: Bluehill, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ila S. Riggs
11. Present Address of Registrant: 2314 Eagle St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on July 5 1960

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friends at time of birth	Charles W. Snook and Wilson P. Ellis	--	May 17, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 17, 1900	Salmon, Idaho	Luella Cole Durand	Edward Augustus Durand

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho Vital Statistics #74964	--	child born Nov. 21, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Idaho	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	State of Montana County of Missoula	Oct. 1, 1948	Oct. 1, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 17, 1900	Lemhi Co., Salmon, Idaho	LuElla Cole	Edward Durand

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	July 5, 1960

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-595

JUL 6 1960

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Grace Durand		2. Date of Birth (month) April (day) 17, (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Lemhi Co. County; Salmon City or Town of Birth
FATHER	6. Full Name of Father: Edward A. Durand		7. State or Country of Father's Birth: Umatilla, Oregon
MOTHER	8. Full Name of Mother: Luella Adeline Cole		9. State or Country of Mother's Birth: Bluehill, Nebraska
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 1960	12. Signature of Notary	13. Notary Commission expires [illegible] 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit by friends at time of birth	By whom issued and signed: Charles W. Snook and Wilson P. Ellis	Date Issued: --	Date Orig. Entry: May 17, 1958
	Date of Birth: April 17, 1900	Birth Place: Salmon, Idaho	Full Name of Mother: Luella Cole Durand	Name of Father: Edward Augustus Durand
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho Vital Statistics #74964	Date Issued: --	Date Orig. Entry: child born Nov. 21, 1919
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3	Type of Document: Marriage License	By whom issued and signed: State of Montana County of Missoula	Date Issued: Oct. 1, 1948	Date Orig. Entry: Oct. 1, 1948
	Date of Birth: April 17, 1900	Birth Place: Lemhi Co., Salmon, Idaho	Full Name of Mother: LuElla Cole	Name of Father: Edward Durand
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: July 5, 1960	

FORM NO. 56057

651-220-022-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Weaver			2. Date Of Birth (month) (day) (year): Oct. 30, 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: [redacted] Egin [redacted]	
FATHER	6. Full Name of Father: Miles Joseph Weaver			7. State or Country of Father's Birth: Utah - [redacted] Provo	
MOTHER	8. Full Maiden Name of Mother: Annie Maria Lindsay			9. State or Country of Mother's Birth: Utah - Kaysville	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Weaver Bradshaw		11. Present Address of Registrant: Lorenzo, R. 1, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1960	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan 30 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of baptism and confirmation	By whom issued and signed: LDS Church, Egin Ward, Thomas Ball, clerk		Date Issued: Nov. 1, 1908	Date Orig. Entry: baptized Oct. 30, 1908
	Date of Birth: Oct. 20, 1900	Birth Place: Egin, Idaho Fremont County	Full Name of Mother: Anne M. Linday	Name of Father: Miles J. Weaver	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #189602		Date Issued: ------	Date Orig. Entry: child born March 26, 1931
	Date of Birth: age 30	Birth Place: Egin, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding school census records	By whom issued and signed: LaMonte Bauer, clerk, Fremont Co.		Date Issued: July 1, 1960	Date Orig. Entry: Sept. 1906-1907
	Date of Birth: age 6	Birth Place: ----	Full Name of Mother: -----	Name of Father: Miles Weaver	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: July 6, 1960

FORM BH 56067

6-24-60 one copy paid #03993

JUL 7 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF UTAH

766-130-016-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-622

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry C. Powers			2. Date of Birth (month) December (day) 30, (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Charles H. Powers			7. State or Country of Father's Birth: ~~Missouri~~ Covington, Nebraska
MOTHER	8. Full Maiden Name of Mother: Annie Benson			9. State or Country of Mother's Birth: Brigham City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry C. Powers		11. Present Address of Registrant: 411-5th Ave. East Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 11 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized copy of Family Bible record	By whom issued and signed: --	Date Issued: December 1959	Date Orig. Entry: Obviously old
	Date of Birth: Dec. 30, 1900 / Birth Place: Sublett, Idaho	Full Name of Mother: Annie Powers	Name of Father: Charles H. Powers	
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of transcript of grades from U. of I	By whom issued and signed: University of Idaho	Date Issued: Aug. 13, 1949	Date Orig. Entry: school year 1921, 1922
	Date of Birth: Dec. 30, 1900 / Birth Place: Sublett, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Demit from A.F. & A.M. Grand Lodge of Idaho	By whom issued and signed: John T. Parish, Worshipful Master	Date Issued: April 10, 1945	Date Orig. Entry: April 10, 1945
	Date of Birth: Dec. 30, 1900 / Birth Place: --	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION	Northern Life Insurance Policy #103-736, gives date of birth as December 30, 1900, and Place of birth as Sublett, Idaho. Dated July 11, 1927.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	July 11, 1960

FORM BH 56067

JUL 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S No. 1960-22

REGISTRAR'S

1. Registrant's Name at birth: Henry O. Powers
2. Date of birth: December 20, 1890
3. Place of birth: Oneida County
4. Sex: Male
5. Color or race: White
6. Full name of father: Charles E. Powers
7. Birthplace of father: Illinois
8. Full maiden name of mother: Annie Benson
9. Birthplace of mother: Utah
10. Usual residence: Malad, Oneida County, Idaho
11. Occupation: Retired
12. Date signed: July 11, 1960
13. Name of informant: Henry O. Powers
14. Address of informant: Malad, Idaho
15. Basis of information: Self
16. Date filed: July 11, 1960

AFFIDAVIT

1. Being first duly sworn upon oath that the statements above made are true to the best of my knowledge and belief.
2. Signature of Registrant: Henry O. Powers
3. Present Residence of Registrant: Malad, Idaho

NOTARY

1. Subscribed and sworn to before me on: July 11, 1960
2. Signature of Notary: [illegible]
3. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

1. Name at birth: Henry O. Powers
2. Date of birth: December 20, 1890
3. Birthplace: Oneida County, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Personal knowledge
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 2

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 3

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 4

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 5

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 6

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 7

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 8

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 9

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 10

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 11

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 12

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 13

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 14

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 15

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 16

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 17

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 18

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 19

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 20

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 21

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 22

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 23

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 24

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 25

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 26

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 27

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 28

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 29

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 30

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 31

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 32

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 33

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 34

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 35

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 36

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 37

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 38

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 39

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 40

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 41

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 42

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 43

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 44

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 45

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 46

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 47

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 48

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 49

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 50

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 51

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 52

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 53

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 54

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 55

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 56

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 57

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 58

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 59

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 60

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 61

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 62

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 63

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 64

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 65

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 66

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 67

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 68

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 69

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 70

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 71

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 72

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 73

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 74

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 75

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 76

1. Name at birth: Henry O. Powers
2. Date of birth: Dec. 20, 1890
3. Birthplace: Subject, Idaho
4. Name of father: Charles E. Powers
5. Birthplace of father: Illinois
6. Maiden name of mother: Annie Benson
7. Birthplace of mother: Utah
8. Date filed: December 1959
9. Date of birth: Subject is only child
10. Source of information: Photostatic copy of transcript of grades from B. of I
11. Remarks: Secondary copy of Family Record

SUPPORTING RECORD 77

1. Name at birth: Henry O. Powers
2. Date of birth: Dec.

964-130-003-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-644

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilford Karl Romriell
2. Date of Birth (month) (day) (year): October 30, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: McCammon

FATHER

6. Full Name of Father: George Henry Romriell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha Althea Lewis
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilford Karl Romriell
11. Present Address of Registrant: McCammon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 19th 1960
12. Signature of Notary: Mildred E. Lindenschmitt
13. Notary Commission expires: Oct 25th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #413329	-----	child born Nov. 4, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 45	McCammon, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of baptism and confirmation	LDS Church, McCammon Ward, John H. Stinger, clerk	June 5, 1909	baptized June 5, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1909	Bannock County McCammon, Idaho	Martha Lewis	George A. Romriell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of ordination as Elder	LDS Church, McCammon Ward, Erbaw Grew, Ward clerk	Nov. 21, 1919	ordained Aug. 23, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1900	Bannock County McCammon, Idaho	Martha Lewis	George H. Romriell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	July 22, 1960

FORM BH 56067

JUL 26 1990

689-230-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jane E White Clark			2. Date Of Birth (month) Sept, (day) 30 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: George E. White			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Cecelia Johnston			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane E. White Clark		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 7, 19 60	12. Signature of Notary: Wm D. Hollist		13. Notary Commission expires: April 15 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of blessing		By whom issued and signed: L.D.S. Church, Teton Ward, Merlin Bean clerk	Date Issued: May 25, 1958	Date Orig. Entry: blessed Nov. 7, 1900
	Date of Birth: Sept. 30, 1900	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: Cecelia Johnston	Name of Father: George E. White	
SUPPORTING RECORD 2.	Type of Document: certified photocopy of marriage license		By whom issued and signed: LaMonte Bauer, Fremont County Idaho, recorder	Date Issued: Mar. 17, 1960	Date Orig. Entry: April 8, 1920
	Date of Birth: age 19	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth		By whom issued and signed: Marvilla Riggs Wellard age 70	Date Issued: July 30, 1960	Date Orig. Entry: ------
	Date of Birth: Sept. 30, 1900	Birth Place: Teton City, Idaho	Full Name of Mother: Cecelia Johnston	Name of Father: George E. White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Paterson	Date Filed: August 2, 1960

FORM BH 56067

AUG 3 1960

256-121-001-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Abby Joy Snow			2. Date Of Birth (month) January (day) 21 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Patrick Henry Snow			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Julia Anderson			9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Abby Joy Snow	11. Present Address of Registrant: 3238 NE Thompson Street Portland, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on August 12, 1960		12. Signature of Notary: Agatha K. Penn	13. Notary Commission expires: February 17, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of discharge from U.S. Naval Reserve force	By whom issued and signed: 13th Naval Dis. Seattle, Wash. A. Bloom, Lieut.	Date Issued: Feb. 7, 1936	Date Orig. Entry: enrolled Oct. 9, 1918	
	Date of Birth: Jan. 21, 1900	Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: #284026 Home Life Insurance Company	Date Issued: ----	Date Orig. Entry: July 14, 1931	
	Date of Birth: Jan. 21, 1900	Birth Place: Ada Co. Meridian, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Ethel A. Carroll, age 71	Date Issued: Aug. 15, 1960	Date Orig. Entry: -----	
	Date of Birth: Jan. 21, 1900	Birth Place: Meridian, Idaho	Full Name of Mother: Julia Anderson	Name of Father: Patrick Henry Snow	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Penny Patterson	Date Filed: Aug. 18, 1960

FORM BH 56067

7-29-60

AUG 18 1960

JUL 19 1965

1. Name of decedent (Last, first, middle)		2. Date of death (Month, day, year)	
		January 21, 1959	
3a. Date of birth (Month, day, year)	3b. Place of birth (State or foreign country)	4a. Social Security number	
5. Usual occupation (Give kind of work done during most of working life, even if retired)		6. Kind of business/industry	
7a. Residence (Number and street address, city, county, state, and ZIP code)		7b. Inside city limits?	
8. Married, never married, widowed, or divorced		9. If married, widowed, or divorced, name of husband or wife	
10. Father's name		11. Mother's maiden name	
12a. Was decedent ever in U.S. Armed Forces?	12b. Dates of service (If none, so state)	13. Social Security number	
14. Decedent was born (Month, day, year, and place)		15. Citizen of what country?	

16. Married, never married, widowed, or divorced	17. If married, widowed, or divorced, name of husband or wife		
18. Father's name	19. Mother's maiden name		
20a. Was decedent ever in U.S. Armed Forces?	20b. Dates of service (If none, so state)	21. Social Security number	
22. Decedent was born (Month, day, year, and place)		23. Citizen of what country?	

24. Married, never married, widowed, or divorced	25. If married, widowed, or divorced, name of husband or wife		
26. Father's name	27. Mother's maiden name		
28a. Was decedent ever in U.S. Armed Forces?	28b. Dates of service (If none, so state)	29. Social Security number	
30. Decedent was born (Month, day, year, and place)		31. Citizen of what country?	

32. Married, never married, widowed, or divorced	33. If married, widowed, or divorced, name of husband or wife		
34. Father's name	35. Mother's maiden name		
36a. Was decedent ever in U.S. Armed Forces?	36b. Dates of service (If none, so state)	37. Social Security number	
38. Decedent was born (Month, day, year, and place)		39. Citizen of what country?	

40. Married, never married, widowed, or divorced	41. If married, widowed, or divorced, name of husband or wife		
42. Father's name	43. Mother's maiden name		
44a. Was decedent ever in U.S. Armed Forces?	44b. Dates of service (If none, so state)	45. Social Security number	
46. Decedent was born (Month, day, year, and place)		47. Citizen of what country?	

719-207-004-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-731

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lila Ann Parker
2. Date of Birth: (month) April (day) 7 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Lanark

FATHER

6. Full Name of Father: Oscar F. Parker
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Annie Watkins
9. State or Country of Mother's Birth: St. Louis, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lila Ann Parker Bus
11. Present Address of Registrant: 4203 Alpine St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 22 1960

12. Signature of Notary: Robert B. Hodge
13. Notary Commission expires: 2/14 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of application for Social Security Account No.	Treasury Department	----	Nov 16, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 7, 1900	Lanark, Idaho Bear Lake County	Annie Watkins	Oscar F. Parker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #161624	----	child born April 27, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding Doctor's Records	James Hollingsworth, M.D. Boise, Idaho	6-9-1960	June 25, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 46	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Elaine Coy	August 22, 1960

FORM BH 56067

AUG 23 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 00-721

REGISTRANT	1. Registrant's Full Name of Birth: Lila Ann Parker	2. Date of Birth (month) April (day) 7 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Bear Lake County; City or Town of Birth: Lanark
FATHER	6. Full Name of Father: Oscar F. Parker	7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Annie Watkins	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: [illegible]
	12. Subscribed and sworn to before me on: Aug. 22 1960	13. Signature of Notary	14. Notary Commission Expires: 2/14 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photocopy of application for [illegible]	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov 15, 1939
	Date of Birth: April 7, 1900	Birth Place: Lanark, Idaho; Bear Lake County	Full Name of Mother: Annie Watkins	Name of Father: Oscar F. Parker
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate on file Idaho #161624	By whom issued and signed:	Date Issued: ----	Date Orig. Entry: child born April 27, 1923
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3	Type of Document: Statement regarding Doctor's Records	By whom issued and signed: James Hollingsworth, M.D. Boise, Idaho	Date Issued: 5-9-1960	Date Orig. Entry: June 25, 1946
	Date of Birth: age 46	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
K. Benson	bf Elaine Coy	August 22, 1960

693-111-035-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-761

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOSEPH EDWIN WILLIAMS
2. Date Of Birth: July 11 1900
3. Color or Race: Indian
4. Sex: M
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Lapwai

FATHER

6. Full Name of Father: Charlie Williams
7. State or Country of Father's Birth: Montana or Idaho

MOTHER

8. Full Maiden Name of Mother: Helene Compo
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Edwin Williams
11. Present Address of Registrant: Sacaton, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: August 9th 1960
12. Signature of Notary: Alice Gans
13. Notary Commission expires: Oct. 27, 1960 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding family records, page 28	U.S.Dept.of interior, Bureau of Indian Affairs, W.S.Ensor, Supt.	Aug.8,1960	1896 prepared

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 11, 1900	----	Ellen Compo	Charles Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of baptism	St.Joseph Church, Culdesac, Ida. J. I. McHugh, Pastor	July 26, 1960	baptized Nov. 11, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 11, 1900	Lapwai, Idaho	Helene Compon	Charles E. Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy	Washington National Insurance Co., Chicago, Illinois	July 4, 1949	July 4, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
next birth. age 49	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson pp	Aug. 31, 1960

FORM BH 56067

8-8-60

SEP 1 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Name of Child (Full Name of Birth) [illegible]	2. Date of Birth (Month) July (Day) 11 (Year) [illegible]
	3. Color or Race [illegible] 4. Sex M 5. Place of Birth Nez Perce County	6. City or Town of Birth Lapwai
FATHER	7. Full Name of Father Charlie Williams	7. State or Country of Father's Birth Montana or Idaho
MOTHER	8. Full Maiden Name of Mother Helene Gempo	9. State or Country of Mother's Birth Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible] 11. Present Address of Registrant Sacaton, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary [illegible] 13. Notary Commission expires Oct. 27, 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD 2	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD 3	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	

QUALITIES INFORMATION

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM DH 5[illegible] 8-8-60

449-229-019-824

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-770
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Louise Muir
2. Date of Birth: (month) Oct (day) 29 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Custer; b. City or Town of Birth: MacKay

FATHER

6. Full Name of Father: Ben Muir
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lattie Houston
9. State or Country of Mother's Birth: Ida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura Louise Carding
11. Present Address of Registrant: Lady P.O. Box 144 - Kenwood Ida

NOTARY (Seal)

Subscribed and sworn to before me on: 14 May 1959
12. Signature of Notary: V. J. Spratlen
13. Notary Commission expires: June 1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Certified copy of Application for Marriage License		By whom issued and signed: State of Ohio Probate Judge W. T. Kinder	Date Issued: June 24, 1959	Date Orig. Entry: November 24, 1923
	Date of Birth: Age 23	Birth Place: MacKay, Idaho	Full Name of Mother: Lottie Houston	Name of Father: Ben Muir	
SUPPORTING RECORD 2. Class_____	Type of Document: Affidavit by aunt Age 74		By whom issued and signed: Josephine DeWitt	Date Issued: May 14, 1959	Date Orig. Entry: May 14, 1959
	Date of Birth: October 29, 1900	Birth Place: MacKay, Idaho	Full Name of Mother: Lottie Houston Muir	Name of Father: Ben Muir	
SUPPORTING RECORD 3. Class_____	Type of Document: 797181 Photo Copy of California operator's license		By whom issued and signed: State of California Dept. of Motor Vehicles	Date Issued: 1951	Date Orig. Entry: 1951
	Date of Birth: October 29, 1900	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	September 6, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 6 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth 6. County	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	9. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (Seal)	12. Subscribed and sworn to before me on 19	12. Signature of Notary 13. Notary Commission expires 19

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified Copy of Application for Marriage License		By whom issued and signed: State of Ohio Probate Judge [illegible] Kinder	Date Issued: June 24, 1959	Date Orig. Entry: November 24, 1923
	Date of Birth: Age 23	Birth Place: MacKay, Idaho	Full Name of Mother: Bottie Houston	Name of Father: Ben [illegible]	
Class					
SUPPORTING RECORD 2	Type of Document: Affidavit by aunt Age 74		By whom issued and signed: Josephine DeWitt	Date Issued: May 14, 1959	Date Orig. Entry: May 14, 1959
	Date of Birth: October 29, 1906	Birth Place: MacKay, Idaho	Full Name of Mother: Bottie Houston [illegible]	Name of Father: Len [illegible]	
Class					
SUPPORTING RECORD 3	Type of Document: Photo Copy of California Operator's License		By whom issued and signed: State of California Dept. of Motor Vehicles	Date Issued: 1951	Date Orig. Entry: 1951
	Date of Birth: October 29, 1906	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
Class					
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Residence Registered	Date Filed
[illegible] Benson	[illegible] Blaine Coy	September 6, 1960

Class 1 Records are those made and dates before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but at least 7 years old.

632-110-003-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-853

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezra Emanual Olson			2. Date Of Birth (month) (day) (year): Dec. 10 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: Olaf Raphael (Requel) Olson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Betty Adelia Olson (Olson Married Olson)			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: 1285 Sage Ave. I. Falls
NOTARY (Seal)	Subscribed and sworn to before me on: June 16, 1960	12. Signature of Notary: George T. Jensen		13. Notary Commission expires: May 10, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #164708	Date Issued: -----	Date Orig. Entry: child born Aug. 21, 1928
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: certificate of baptism and confirmation	By whom issued and signed: LDS Church, Oxford Ward, Edwin Smith, clerk	Date Issued: July 5, 1909	Date Orig. Entry: baptized July 2, 1909
	Date of Birth: Dec. 10, 1900	Birth Place: Bannock County Oxford, Idaho	Full Name of Mother: Betty Adelia Olson	Name of Father: Olaf R. Olson
SUPPORTING RECORD 3.	Type of Document: affidavit by brother age 74	By whom issued and signed: Olof Angus Olson	Date Issued: June 15, 1960	Date Orig. Entry: -----
	Date of Birth: Dec. 10, 1900	Birth Place: Bannock, County Oxford, Idaho	Full Name of Mother: Betty Adelia Olson	Name of Father: Olaf Requel Olson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 30, 1960

FORM BH 56067

3-2-60

OCT 3 1960

349-219-022-271

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-883
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Matilda Ann Smith White
2. Date Of Birth (month) Feb (day) 19 (year) 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Burton (Rexburg) Fremont
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Thomas Edward Smith
7. State or Country of Father's Birth: Logan Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Ellen Spaulding(Nellie)
9. State or Country of Mother's Birth: Mountain Green Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Matilda Ann Smith White
11. Present Address of Registrant: R 2 Rexburg Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 20 1960
12. Signature of Notary: Ray W. Rigby
13. Notary Commission expires: January 26 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*____	own childs birth certificate	Idaho #115580	Apr.9,1942	child born Aug. 29, 1923
	Date of Birth age 23 / **Birth Place** Burton, Idaho	**Full Name of Mother** ----	**Name of Father** ----	
SUPPORTING RECORD 2. Class____	affidavit by aunt age 75	Effie Spaulding Belnap	Sept. 20 1960	----
	Date of Birth Feb.19,1900 / **Birth Place** Burton Precinct, Fremont Co., Idaho	**Full Name of Mother** Eliza Ellen Spaulding	**Name of Father** Thomas Edward Smith	
SUPPORTING RECORD 3. Class____	photocopy of school census record	Schoool Dis.#43, MadisonCo. Idaho, G.T.McKinlay, clerk	Sept. 22, 1960	year 1914-15
	Date of Birth age 14 / **Birth Place** ---	**Full Name of Mother** Nellie Smith	**Name of Father** T. E. Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Penny L. Wing
Date Filed: Oct. 11, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health, Health Division, Bol. 4, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

OCT 11 1960

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Smith White	2. Date of Birth (month) Feb (day) 19 (year) 1900
	3. Color or Race	4. Sex	5. Place of Birth	6. County	7. City or Town of Birth
FATHER	8. Full Name of Father: Thomas Edward Smith	7. State or Country of Father's Birth: Morgan Utah
MOTHER	9. Full Maiden Name of Mother: [illegible] Ida (Nellie)	9. State or Country of Mother's Birth: Mountain Green Utah

CERTIFICATE	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence reviewed by	Date Filed
[signature]	[illegible]	Oct. 11, [illegible]

Class A Records are those made and [illegible] before the [illegible] fourth birthday.
Class B Records are those made after the fourth birthday [illegible] at least 5 years old.

Form DBH [illegible]

293-117-031-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-895

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Lester Billow		2. Date Of Birth (month) (day) (year): February 17, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: William F. Billow		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Hulda Rosell		9. State or Country of Mother's Birth: Red Wing, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Billow	11. Present Address of Registrant: Sedgewick, Alberta, Canada
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 19 60	12. Signature of Notary: Eleah	13. Notary Commission expires: December 31 19 61

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding insurance policy #P 285 762	By whom issued and signed: Great-West Life Assurance Company, CC Firde, Titles	Date Issued: Jan. 4, 1960	Date Orig. Entry: May 1924
	Date of Birth: Feb. 17, 1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: St. Anne's Hospital, Hardisty Alberta, Sister Maria James	Date Issued: Dec. 14, 1959	Date Orig. Entry: admitted Sept. 26, 1945
	Date of Birth: Feb. 17, 1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt age 82	By whom issued and signed: Mrs. Emma Rosell Vetter	Date Issued: Oct. 5, 1960	Date Orig. Entry: -----
	Date of Birth: Feb. 17, 1900	Birth Place: Nezperce, Idaho	Full Name of Mother: Hulda Rosell Billow	Name of Father: William Frederick Billow

QUALIFYING INFORMATION

Certificate of Baptism issued by the United Church of Canada on September 4, 1953 gives date of birth as Feb 17, 1900 in Idaho, Frederick W. Billow & Hulda E. Rossell. (parents)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr pp pw Penny L. Wing	Oct. 14, 1960

FORM BH 56067

1 copy paid

OCT 14 1960

245-222-016-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-931

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leora Emily Bunn			2. Date of Birth (month) March (day) 22 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Cassia Co.	b. City or Town of Birth: Basin, Idaho	
FATHER	6. Full Name of Father: Walter Joseph Bunn			7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Ella Elizabeth Bunn			9. State or Country of Mother's Birth: Deep Creek, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Emily Sides		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1958	12. Signature of Notary: A. V. Peterson		13. Notary Commission expires: 6/20 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding School Record-Joint Class A-Dist. 151	By whom issued and signed: Ezra H. Moore, Supt. of Schools Cassia Co. Schools, Burley	Date Issued: Feb 10, 1960	Date Orig. Entry: attended school 1906-1917	
	Date of Birth: March 22, 1900	Birth Place: Basin, Idaho	Full Name of Mother: father Walter J. Bunn	Name of Father: mother Ella E. Bunn	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #94527	Date Issued: ----	Date Orig. Entry: child born May 19, 1921	
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt age 61	By whom issued and signed: Addie S. Bunn	Date Issued: Sept. 23, 1960	Date Orig. Entry: ------	
	Date of Birth: Mar. 22, 1900	Birth Place: Cassia County Basin, Idaho	Full Name of Mother: Ella Elizabeth Sanford	Name of Father: Walter Joseph Bunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: bf Penny L. Wing	Date Filed: Oct. 25, 1960

FORM BH 56067

1 copy mail

5-6-65

OCT 25 1960

993-216-036-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-950

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ann Richards
2. Date of Birth (month) (day) (year): Sept. 16 1900
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Malad City Oneida
b. City or Town of Birth: Malad City Idaho

FATHER

6. Full Name of Father: Fredrick James Richards
7. State or Country of Father's Birth: Malad City-Oneida Co. Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Adams
9. State or Country of Mother's Birth: Malad City-Oneida Co. Ida.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Mary P Andersen
11. Present Address of Registrant: 46 Fordham

NOTARY (Seal)

Subscribed and sworn to before me on: October 25 1960
12. Signature of Notary: Oscar H Olson
13. Notary Commission expires: March 15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	age 24	Malad, Idaho	Idaho #129613	----	----	----	child born Feb.7,1925
SUPPORTING RECORD 2.	certified copy of affidavit for marriage license	age 23	---	Sarah Devaney, Bannock County Idaho recorder	----	Oct.12,1960	----	Apr.5,1924
SUPPORTING RECORD 3.	Certificate of church membership	Sept.16 1900	Oneida County Malad, Idaho	LDS Church, Malad 1st Ward Junius L. Crowther, Bishop	Sara Jane Adams	Mar.13,1941	Fred J. Richards	baptized Oct.31,1908

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Oct. 31, 1960

FORM BH 56067

11 copies paid #8150 10-6-60

OCT 31 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

294-101-010-533

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-1034
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Walter Bruce	2. Date of Birth (month) Septe (day) 1. (year) 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Idaho Falls.	b. City or Town of Birth: Idaho Falls - Idaho
FATHER	6. Full Name of Father: Bert Warner Bruce Idaho	7. State or Country of Father's Birth: Idahoes.
MOTHER	8. Full Maiden Name of Mother: Grace Ellen Bruce Ellis	9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Walter Bruce; 11. Present Address of Registrant: 3959 S.E. Taggart
NOTARY (Seal)	Subscribed and sworn to before me on 10-1-60 Jan-4th 1960	12. Signature of Notary: Frances J. Noah Notary Public for the State of Oregon; 13. Notary Commission expires: My Commission Expires Feb. 16, 1964 2-16- 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #124277	Date issued: -----	Date Orig. Entry: child born July 7, 1924
Class*	Date of Birth: age 23	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Grace Ellen Bruce	Date issued: Mar.4,1960	Date Orig. Entry: -----
Class	Date of Birth: Sept.1,1900	Birth Place: Bonneville County Idaho Falls, Idaho	Full Name of Mother: Grace Ellen Ellis	Name of Father: Bert Warner Bruce	
SUPPORTING RECORD 3.	Type of Document: statement regarding union records		By whom issued and signed: General Teamsters, Local #162 Portland, Ore. L. Cornelius, Sec.	Date issued: Nov.17,1960	Date Orig. Entry: October 1948
Class	Date of Birth: Sept.1,1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	pw Penny L. Wing	Nov 25, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 25 1960

NOV 20 1962

JUN 1

95-9-102-006613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1057
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Deorr Ivie			2. Date of Birth: (month) April (day) 2 (year) 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth: a. County Bingham	b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Layfayette (Ginger) Ivie			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Frances Clara Watson			9. State or Country of Mother's Birth: Blackfoot, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Leo Ivie	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 4-29 1960		12. Signature of Notary	13. Notary Commission expires: aug 10, 1961 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application Social Security Account No.		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb 22, 1952
Class*	Date of Birth: April 2, 1900	Birth Place: Blackfoot, Idaho Bingham county	Full Name of Mother: Frances Clara Watson	Name of Father: Lafayette Ivie	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle - Age 81		By whom issued and signed: Dick Ivie	Date Issued: Jan 5, 1960	Date Orig. Entry:
Class	Date of Birth: April 2, 1900	Birth Place: Blackfoot, Idaho	Full Name of Mother: Clara Frances Watson	Name of Father: Layfayette (Ginger) Ivie	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records		By whom issued and signed: Idaho Falls, L.D.S.Hospital Grant C. Burgon, Administrator	Date Issued: Nov.8,1960	Date Orig. Entry: Nov.19,1934
Class	Date of Birth: age 34	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: bf Penny L. Wing	Date Filed: Dec. 2, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 2 1960

699-203-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1088

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Orr		2. Date Of Birth (month) July (day) 3 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sharon Bear Lake	b. City or Town of Birth: Sharon
FATHER	6. Full Name of Father: Joseph Orr		7. State or Country of Father's Birth: Freedom, Utah Sanpete County	
MOTHER	8. Full Maiden Name of Mother: Ellen Eliza Lyon		9. State or Country of Mother's Birth: Hydepark, Utah Cache County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable Orr Behnke	11. Present Address of Registrant: 3347 Homedale Klamath Falls Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1960	12. Signature of Notary: Ruth P Anderson	13. Notary Commission expires: April 7 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Joseph Orr	Date Issued: June 23, 1960	Date Orig. Entry: ----
	Date of Birth: July 3, 1900	Birth Place: Sharon, Idaho Bear Lake County	Full Name of Mother: ----------	Name of Father: Joseph Orr
SUPPORTING RECORD 2.	Type of Document: Own Childs Birth Certificate	By whom issued and signed: One file in Idaho#81715	Date Issued:	Date Orig. Entry: Child born June 12, 1920
	Date of Birth: Age 19	Birth Place: Bear Lake, Idaho	Full Name of Mother: -------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Klamath Falls 2nd Ward, Otto C. Ludwig, clerk	Date Issued: Aug. 30, 1960	Date Orig. Entry: blessing Aug. 12, 1900
	Date of Birth: July 3, 1900	Birth Place: Bear Lake, Idaho Sharon, Idaho	Full Name of Mother: Ellen E. Lyons	Name of Father: Joseph Orr
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	ec Penny L. Wing	Dec. 15, 1960

FORM BH 56067 #XXXXX 3-21-60 1 copy paid #06321

DEC 15 1960

271-107-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-032

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elliott Boyd Sparks	2. Date Of Birth (month) Nov. (day) 7 (year) 1900
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth: ~~Dingle~~ a. County: Bear Lake	b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: John Henry Sparks	7. State or Country of Father's Birth: Paris, Bear Lake, Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Charlotte Wilcox	9. State or Country of Mother's Birth: Dingle, Bear Lake, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elliott Boyd Sparks; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1961	12. Signature of Notary: Gertrude McCart; 13. Notary Commission expires: 9-16 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Dingle Ward, C. H. Bridger, Jr. clerk	Date issued: July 11, 1915	Date Orig. Entry: ordained July 11, 1915
	Date of Birth: Nov. 7, 1900; Birth Place: Bear Lake County Dingle, Idaho	Full Name of Mother: Helen C. Wilcox	Name of Father: John H. Sparks	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho 233038	Date issued: ----	Date Orig. Entry: child born April 17, 1935
	Date of Birth: age 34; Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Dingle Ward, C. H. Bridger, Jr. clerk	Date issued: Nov. 8, 1908	Date Orig. Entry: baptized Nov. 7, 1908
	Date of Birth: Nov. 7, 1900; Birth Place: Bear Lake County Dingle, Idaho	Full Name of Mother: Hellen C. Wilcox	Name of Father: John H. Sparks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Penny L. Wing	Jan. 10, 1961

FORM BH 56067 12-29-60

JAN 10 1961

613-213-001-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE WALT			2. Date Of Birth (month) August (day) 13 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: WARREN BOURNE WALT			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: LOUIE MAY ADAMS			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Walt Robison		11. Present Address of Registrant: Meridian, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: January, 25 1961	12. Signature of Notary: K M Edmiston		13. Notary Commission expires: Jan. 16 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Meridian, Idaho High School J.C.Riddlemoser, Principal		Date Issued: Jan.23,1961	Date Orig. Entry: entered Sept.7,1914
	Date of Birth: Aug.13,1900	Birth Place: -----	Full Name of Mother: Louie Mae Adams	Name of Father: Warren B. Walt	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: St.Alphonsus Hospital, Boise, Idaho, G.M.Amos, Med.Rec.Libr.		Date Issued: Jan.20,1961	Date Orig. Entry: admitted Sept. 1949
	Date of Birth: age 49	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #153378		Date Issued: -----	Date Orig. Entry: child born July 25,1927
	Date of Birth: age 26	Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Certified copy of Register of Electors, issued by Vern Thomas, Ex-Officio Recorder for Ada County, Idaho, on Jan. 13, 1961. Registered on July 8, 1926 at age 25. Born in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Bevan	pw Penny L. Wing	Jan. 26, 1961

FORM BH 56067

JAN 27 1961

OCT 23 1967

Robison

REGISTRATION	1. Registration Full Name of Birth: [illegible]	2. Date of Birth: August 13 1900	
	3. Date of Birth: Male	4. Place of Birth: Ada	5. Place of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: WILLIAM BOONE [illegible]	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: LOUISE MAY ADAMS	9. State or Country of Mother's Birth: Missouri	
	10. Signature of Registrant: [illegible]	11. Signature of Registrant: Meridian, Idaho	
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: Jan. 10 1965	
	14. Date of Document: Statement regarding school records	15. Date Issued: Jan. 23, 1961	Date Orig. Entry Entered: Sept. 7, 1961
	Date of Birth: Aug. 13, 1900	Name of Father: [illegible]	
SUPPORTING RECORD 1	Type of Document: Statement regarding [illegible] records	Date Issued: Jan. 20, 1961	Date Orig. Entry Entered: Sept. 1961
	Date of Birth: Age 25	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: [illegible]	Date Issued: ----	Date Orig. Entry Entered: July 26, 1967
	Date of Birth: Age 25	Name of Father: ----	
QUALIFYING INFORMATION	Certified copy of Register of Electors, issued by Vern Thomas, ex-Officio Recorder for Ada County, Idaho, on Nov. 13, 1961. Registered on July 8, 1960 at age 25. [illegible]		
EXPLANATORY COMMENTS	[illegible]		
	Signature of Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Jan. 26, 1961

299-120-025-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver Birkeland			2. Date Of Birth (month) October, (day) 20, (year) 1900.
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho County	b. City or Town of Birth: near Ferdinand, Idaho
FATHER	6. Full Name of Father: Ole G. Birkeland			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Helen Hanson			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver Birkeland		11. Present Address of Registrant: 3419-7th Street Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 6th 1961	12. Signature of Notary: J. L. Mader		13. Notary Commission expires: Sept 20th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding selective service register	By whom issued and signed: State Hdqtrs. for Selective Service, Annabel R. Woodmore, ch	Date Issued: May 3, 1960	Date Orig. Entry: Feb. 16, 1942	
	Date of Birth: Oct. 20, 1900	Birth Place: Ferdinand, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: age 79 Joseph C. Aschenbrenner	Date Issued: Jan. 27, 1961	Date Orig. Entry: ------	
	Date of Birth: Oct. 20, 1900	Birth Place: Idaho County Ferdinand, Idaho	Full Name of Mother: Helen Hanson	Name of Father: Ole G. Birkeland	
SUPPORTING RECORD 3.	Type of Document: statement regarding voting registration	By whom issued and signed: Idaho County, Idaho Carl T. Reuter, County records	Date Issued: Apr. 20, 1960	Date Orig. Entry: July 24, 1926	
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 9, 1961

FORM BH 56067

5-18-60 one copy paid #02099

FEB 2 1961

613-220-030-29?

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-124
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Douglas Walker
2. Date of Birth (month) (day) (year): November 20 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lemhi
b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Robert S. Walker
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Nell Kirtley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Douglas Walker Adams
11. Present Address of Registrant: Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 1 19 56
12. Signature of Notary: [signature]
13. Notary Commission expires: February 27 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Friend of Family (Aunt) (age 72) Affidavit	November 20, 1900	Lemhi Co. Salmon, Idaho	Salmon, Idaho Frances Simmonds	Nell Kirtley	August 4,	Robert S. Walker	1956
SUPPORTING RECORD 2. Class B	own child's birth certificate	age 20	Idaho	Idaho #86203	---		---	child born Dec. 31, 1920
SUPPORTING RECORD 3. Class	Insurance Policy	age 54	----	American Nat'l Insurance Co.	----	----	----	Apr. 1, 1955

QUALIFYING INFORMATION

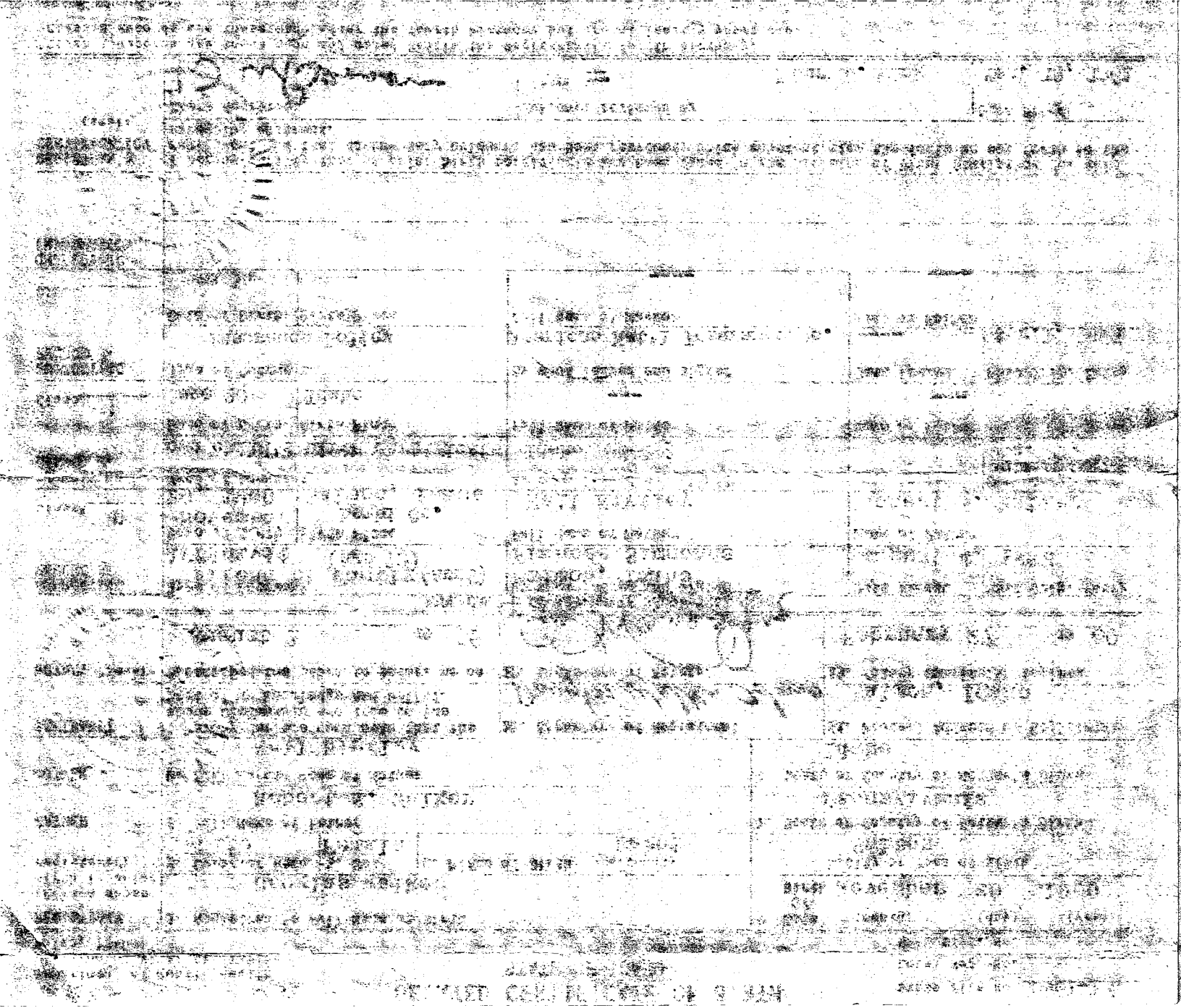
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: vr nr Penny L. Wing
Date Filed: Feb. 13, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



469-114-025-35-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: L. G. SYLVANNIS MORRIS			2. Date Of Birth (month) (day) (year): FEBRUARY 14 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Greencreek
FATHER	6. Full Name of Father: CLARENCE LEE MORRIS			7. State or Country of Father's Birth: WASHINGTON
MOTHER	8. Full Maiden Name of Mother: NETTIE BERNICE TERWILLEGAR			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. G. Sylvannis Morris		11. Present Address of Registrant: Kamiah Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: 1-12 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #238955	Date Issued: ----	Date Orig. Entry: child born Oct, 31, 1935
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1461	By whom issued and signed: Grange Mutual Life Co.	Date Issued: Aug.11,1937	Date Orig. Entry: Aug.11,1937
	Date of Birth: Feb.14,1900	Birth Place: Greencreek,Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: John R. Dempsey age 78	Date Issued: Feb.9,1961	Date Orig. Entry: ----
	Date of Birth: Feb.14,1900	Birth Place: Green Creek,Idaho	Full Name of Mother: Nettie B. Harris	Name of Father: Clarence L. Morris
QUALIFYING INFORMATION				

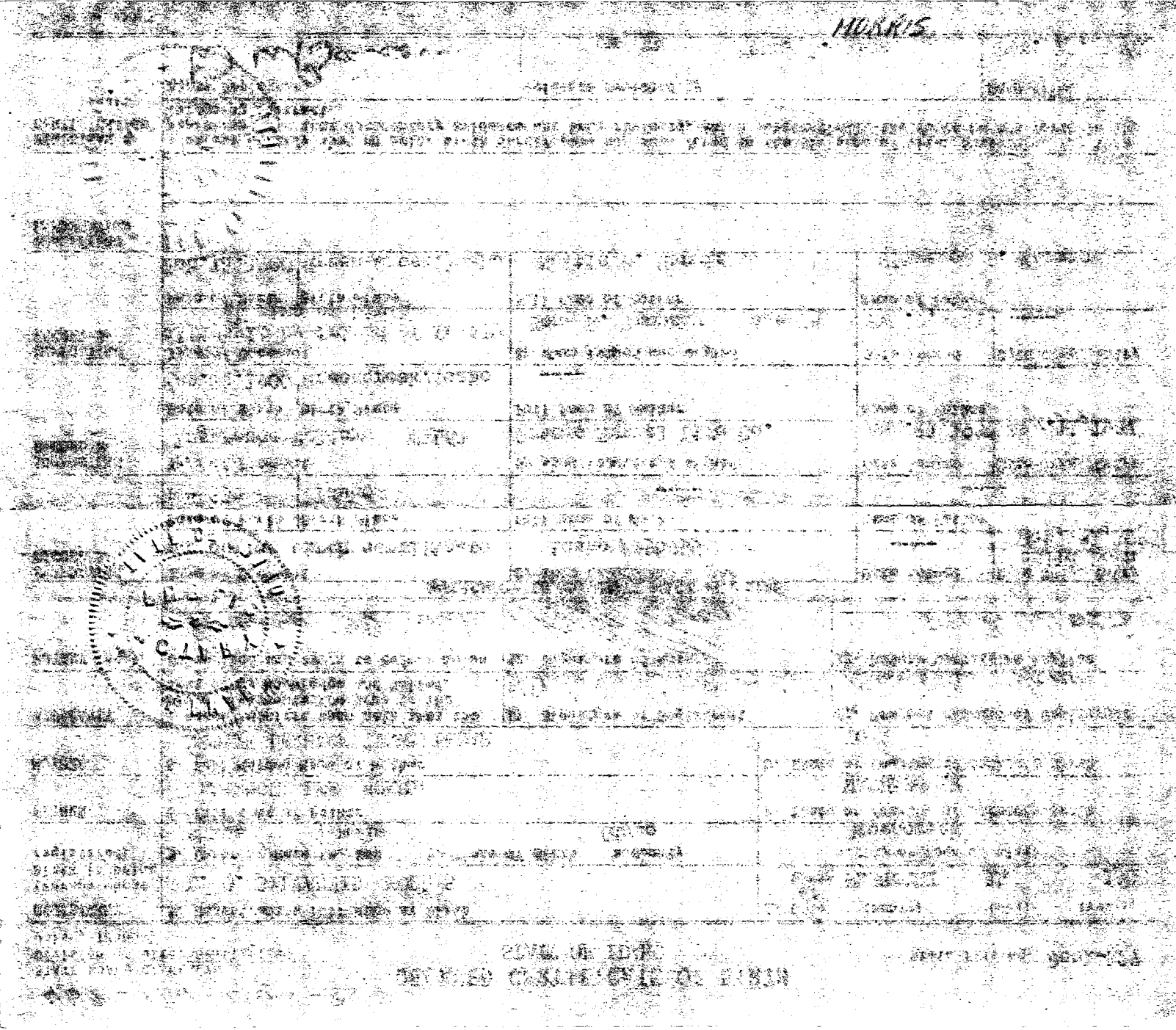
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw pw Penny L. Wing	Feb. 13, 1961

FORM BH 56067

MORRIS



443-214-007-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Bertha Mulkey			2. Date Of Birth (month) Sept. (day) 14 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ranche Home, Blaine	b. City or Town of Birth: Clyde, Idaho.
FATHER	6. Full Name of Father: Columbus Marion Mulkey			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nellie Maggie Reddington			9. State or Country of Mother's Birth: Kansas City, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Bertha Koppes		11. Present Address of Registrant: 1708 N. 14 St Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: August 1, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy Marriage Register #873 Book 2, Page 134	By whom issued and signed: Ada County, Idaho Vern Thomas, County Recorder		Date Issued: Jan 16, 1961	Date Orig. Entry: July 5, 1924
	Date of Birth: Age 23	Birth Place: Clyde, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement re. physician's record	By whom issued and signed: Dr. E. D. Parkinson Boise, Idaho		Date Issued: Jan 13, 1961	Date Orig. Entry: July 25, 1952
	Date of Birth: Sept. 14, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security record	By whom issued and signed: Treasury Department Internal Revenue Service		Date Issued: January 11, 1951	Date Orig. Entry: January 11, 1951
	Date of Birth: September 14, 1900	Birth Place: Lost River "Clyde" Custer Co. Idaho	Full Name of Mother: Nellie M. Reddington	Name of Father: Columbus M. Mulkey	

QUALIFYING INFORMATION

Statement regarding Employment Record, issued by Fred Charlton, Supt. by Betty Baldwin, Secretary, Idaho State Liquor Dispensary, Boise, Idaho. Date of employment Nov 1, 1945

Date of birth given as Sept 14, 1900.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Elaine Coy	February 17, 1961

FORM BH 56067

FEB 20 1961

OCT 13 1960

335. 222-022-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-184
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zella May Clement		2. Date of Birth (month) (day) (year): February 22 1900	
	3. Color or Race	4. Sex: female	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Darius Clement		7. State or Country of Father's Birth: Utah, Plain City	
MOTHER	8. Full Maiden Name of Mother: Polly Sayers		9. State or Country of Mother's Birth: Utah, Charleston	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Zella May Nef	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 2 - 7 1961	12. Signature of Notary: Robert A Erickson	13. Notary Commission expires: 4 - 15 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: L. D. S. Church Salt Lake City, Utah	Date Issued: 10-4-55	Date Orig. Entry: entered June 3, 1900
	Date of Birth: February 22, 1900 / Birth Place: Menan, Idaho Fremont County	Full Name of Mother: Polly Sayers	Name of Father: Darius Clement	
SUPPORTING RECORD 2. Class	Type of Document: Insurance policy application	By whom issued and signed: Federal Security Insurance Co.	Date Issued: ----	Date Orig. Entry: Nov. 7, 1952
	Date of Birth: Feb. 22, 1900 / Birth Place: Menan, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3. Class	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #98619	Date Issued: ----	Date Orig. Entry: child born Oct. 31, 1921
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	bw pw Penny L. Wing	Mar. 1, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 1 1961

FEB 25 1977

866-114-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-187

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William John Howard
2. Date of Birth (month) (day) (year): July 14 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Chester, Fremont
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: John Lester Howard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Marion Matilda Bird
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William John Howard
11. Present Address of Registrant: Route 1 Box 438 St. Helens, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: February 3rd 1961
12. Signature of Notary: Marie Walker Poff
13. Notary Commission expires: November 4th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	----	Dec. 1, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 14, 1900	Fremont County Chester, Idaho	Marion Bird	John Lester Howard

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Membership Record	LDS Church, St. Helens, Oregon Paul C. Boomhower, clerk	Feb. 16, 1961	baptized Aug. 2, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 14, 1900	Chester, Idaho	Marion Matilda Bird	John Lester Howard

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License affidavit	Fremont County, Idaho, LaMonte Bauer, Clerk of Dist. Court	Feb. 7, 1961	Aug. 27, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Penny L. Wing	Mar. 1, 1961

FORM BH 56067 1-31-61

MAR 1

463-128-035-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-256

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Arthur Doty
2. Date of Birth (month) (day) (year): October 28 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho NezPerce
b. City or Town of Birth: Sweetwater

FATHER

6. Full Name of Father: Samuel Crull Doty
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Julia Emma Beasley
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: william arthur Doty
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: March 8 1961
12. Signature of Notary:
13. Notary Commission expires: June 22 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by half-sister	Jessie Bell Doty Uhling born 1887	Feb.24,1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1900	Nez Perce County Sweetwater,Idaho	Julia Emma Beasley	Samuel Crull Doty

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy Application	Bankers Reserve Life Co.	----	Nov. 7, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1900	Nez Perce County Sweetwater, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Selective Service Record	Selective Service System, Robert H. Myers,Major AGC	Mar.17,1961	registered Feb.14,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1900	Sweetwater,Ida.	---	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	March 20, 1961

FORM BH 56067

2-16-61

MAR 20 1961

243-105-022-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be61-306

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Culver Bucklin
2. Date Of Birth (month) (day) (year): April 5 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Birch Creek - (Fremont) b. City or Town of Birth: or Lemhi

FATHER

6. Full Name of Father: Harry Culver Bucklin
7. State or Country of Father's Birth: Sandusky, Ohio

MOTHER

8. Full Maiden Name of Mother: Botilda Bosen Bucklin
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Culver Bucklin
11. Present Address of Registrant: 1674-9th Ave E Twin Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 16th 1961
12. Signature of Notary: Alice C. Taylor
13. Notary Commission expires: Oct. 22nd 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #297727	-----	child born July 4, 1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 40 / Birch Creek, Idaho	-----	-----	
SUPPORTING RECORD 2.	Insurance Policy Application	Northwestern Mutual Life Insurance Co.	-----	Mar. 26, 1948
	Apr. 5, 1900 / Birch Creek, Idaho	-----	-----	
SUPPORTING RECORD 3.	Family Record Book	-----	-----	Christmas 1953
	Apr. 5, 1900 / Birch Creek, Idaho	Botilda Bosen Bucklin	Harry Bucklin	

QUALIFYING INFORMATION

Honorable Discharge Paper, U. S. MarineCorps, Talhorm Andrew, Major, USMC. dated October 20, 1919. Gives date of birth as April 5, 1900 and birth place as Birch Creek, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	April 5, 1961

FORM BH 56067

2-14-61

DELAYED CERTIFICATE OF BIRTH

APR 6 1961

367-121-006-181

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 321

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis Abiah Cox
2. Date of Birth (month) (day) (year): November 21 1900
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Levi Ashton Cox
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Elnora Arline Arave
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis Abiah Cox
11. Present Address of Registrant: Shelley, Idaho, RFD 1

NOTARY (Seal)

Subscribed and sworn to before me on: December 13, 1960
12. Signature of Notary: L. Ruby Jensen
13. Notary Commission expires: June 15 1963.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #121770	Feb. 17, 1943	child born May 13, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Elnora Cox	Mar. 14, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1900	Bingham Shelley, Idaho	Elnora Cox	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Jameston Ward, LDS Church, Eugene Burke, Bishop	Mar. 10, 1961	baptized Sept. 4, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1900	Bingham County Jameston, Idaho	Elnora Arave	Levi Cox

QUALIFYING INFORMATION

Jameston is one of the L.D.S. Church Wards of the Shelley Stake and is on the Shelley mail route.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson

Evidence reviewed by: pw Penny L. Wing

Date Filed: April 13, 1961

FORM BH 56067 1-15-60 one copy paid #19322

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

APR 13 [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Lewis Adish Cox	2. Date of Birth (month) (day) (year): November 21 1900
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth: Bingham; 6. County: Shelley	6. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Levi Ashton Cox	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elnora Arline Arave	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	10. Person declares upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
	11. Present Address of Registrant: Shelley, Idaho, RFD 1	
OFFICE	12. Subscribed and sworn to before me on: December 13, 1960	13. Signature of Notary: [signature]
	14. Notary Commission expires: June 15 1963.	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: Idaho #[illegible]	Date Issued: Feb. [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
	Idaho			
SUPPORTING RECORD 2	Type of Document: [illegible] by mother	By whom issued and signed: Elnora Cox	Date Issued: Mar. [illegible]	Date Orig. Entry:
	Date of Birth: Nov. 21, 1900; Birth Place: Shelley, Idaho	Full Name of Mother: Elnora Cox	Name of Father:	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Jamestown Ward, LS Church, Eugene Burke, Bishop	Date Issued: Mar. 10, [illegible]	Date Orig. Entry: Sept. [illegible]
	Date of Birth: Nov. 21, 1900; Birth Place: Bingham County, Jamestown, Idaho	Full Name of Mother: Elnora Arave	Name of Father: Levi Cox	

QUALIFICATION: Jamestown is one of the L.D.S. Church Wards of the Shelley State and is on the Shelley mail route.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	April 13, [illegible]

FORM HH 60-67 1-15-60 one copy paid #[illegible]

815-120-025-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN EMMETT HANSON			2. Date of Birth (month) (day) (year): JANUARY 20, 1900
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO COUNTY	b. City or Town of Birth: NEAR FERDINAND, IDAHO.
FATHER	6. Full Name of Father: OLE G. HANSON			7. State or Country of Father's Birth: NORWAY
MOTHER	8. Full Maiden Name of Mother: MARY SATRUM			9. State or Country of Mother's Birth: NORWAY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin E. Hanson		11. Present Address of Registrant: FERDINAND, IDAHO.
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1961	12. Signature of Notary: Olga H. Dorsmann		13. Notary Commission expires: 12-5- 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Great Western Mutual Assn.		Date Issued: Mar. 17, 1947	Date Orig. Entry: Mar. 13, 1947
	Date of Birth: Jan. 20, 1900	Birth Place: Ferdinand, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #199848		Date Issued: -----	Date Orig. Entry: child born Jan. 29, 1932
	Date of Birth: age 32	Birth Place: Ferdinand, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: age 79 Joseph C. Aschenbrenner		Date Issued: Apr. 10, 1961	Date Orig. Entry: -----
	Date of Birth: Jan. 20, 1900	Birth Place: Idaho County Ferdinand, Idaho	Full Name of Mother: Mary Satrum	Name of Father: Ole G. Hanson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: Penny L. Wing		Date Filed: April 14, 1961	

FORM BH 56067

3-6-61 1 copy paid

APR 14 1961

693-209-007-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Beatrice Williams		2. Date Of Birth (month) (day) (year): June 9 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey, Idaho.
FATHER	6. Full Name of Father: William S. Williams		7. State or Country of Father's Birth: Lebenon, Oregon
MOTHER	8. Full Maiden Name of Mother: Viola Bell Davis		9. State or Country of Mother's Birth: Lebenon Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Williams Brunell	11. Present Address of Registrant: Gannett, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 24, 1961	12. Signature of Notary: R. N. McCoy	13. Notary Commission expires: March 31, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Ella Ramsey age 71		Date Issued: Mar.31,1961	Date Orig. Entry: -----
	Date of Birth: June 9,1900	Birth Place: Hailey, Idaho	Full Name of Mother: Viola Bell Davis	Name of Father: William S. Williams	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #64168		Date Issued: Mar.29,1961	Date Orig. Entry: child born Nov.3,1918
	Date of Birth: age 18	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.		Date Issued: Mar.3,1944	Date Orig. Entry: March 2, 1944
	Date of Birth: June 9,1900	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pw Penny L. Wing	April 18, 1961

FORM BH 56067

3-23-61

APR 24 1961

689-102-044-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Austin Whitlow			2. Date Of Birth (month) June (day) 2 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: William Wordsworth Whitlow			7. State or Country of Father's Birth: Brownsville, Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Sophronia Stewart			9. State or Country of Mother's Birth: Biglow, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Austin Whitlow		11. Present Address of Registrant: 1615 North Laurel Ave. Hollywood 46, California
NOTARY (Seal)	Subscribed and sworn to before me on: March 22, 19 61	12. Signature of Notary: Bessie C. Lewis Bessie C. Lewis		13. Notary Commission expires: My Commission Expires January 2, 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge Paper	By whom issued and signed: U.S. Navy, D.E. Myers. LCDR, USN	Date Issued: Mar. 16, 1961	Date Orig. Entry: enlisted Aug. 1, 1918
	Date of Birth: June 2, 1900 / Birth Place: Medvale, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle	By whom issued and signed: age 82 Freeman Austin Stewart	Date Issued: Mar. 21, 1961	Date Orig. Entry: -----
	Date of Birth: June 2, 1900 / Birth Place: Midvale, Idaho	Full Name of Mother: Mary Saphrona Stewart	Name of Father: William Wordsworth Whitlow	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Mar. 25, 1936
	Date of Birth: June 2, 1900 / Birth Place: Medvale, Idaho	Full Name of Mother: Mary Saphrona	Name of Father: William Wordsworth Whitlow	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	pw Penny L. Wing	April 18, 1961

FORM BH 56067

SEP 20 1967

APR 18 1967

AUG 1 1968

128-129-040-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Burton Ashman			2. Date Of Birth (month) (day) (year): September 29, 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Wardner Shoshone	b. City or Town of Birth: Wardner	
FATHER	6. Full Name of Father: William H. Ashman			7. State or Country of Father's Birth: Clay county, Kansas	
MOTHER	8. Full Maiden Name of Mother: Bernice Locke			9. State or Country of Mother's Birth: Clay County, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burton Ashman		11. Present Address of Registrant: 48 W 40th Ave. Spokane, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6, 1961	12. Signature of Notary: M. E. Powell		13. Notary Commission expires: Feb. 21, 1963 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage	By whom issued and signed: Spokane County, Washington Frank J. Glover, Auditor		Date Issued: Apr. 4, 1961	Date Orig. Entry: Dec. 31, 1927
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: Bernice Locke	Name of Father: W. H. Ashman	
SUPPORTING RECORD 2.	Type of Document: Military Record	By whom issued and signed: Kootenai, County, Idaho, E. W. Larson, recorder		Date Issued: Mar. 31, 1961	Date Orig. Entry: Apr. 19, 1919
	Date of Birth: Sept. 29, 1900	Birth Place: Wardner, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle	By whom issued and signed: Emmett Leroy Locke age 76		Date Issued: Apr. 21, 1961	Date Orig. Entry: -----
	Date of Birth: Sept. 29, 1900	Birth Place: Wardner, Idaho	Full Name of Mother: Bernice Locke	Name of Father: William Ashman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	April 27, 1961

FORM BH 56067 1-31-61

APR 27 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

125-109-035-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-408

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WINCEL HOMER ABEL
2. Date of Birth (month) (day) (year): AUGUST 9 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: TEEKAN
b. City or Town of Birth: LEWISTON (TEEKAN

FATHER

6. Full Name of Father: ANDREW JOSEPH ABEL
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: HESTER BILLIPS
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wincel Homer Abel
11. Present Address of Registrant: DAYTON-WASH. RT.3 Box 77

NOTARY (Seal)

Subscribed and sworn to before me on MAY 4 1961 19___

12. Signature of Notary: Kali Boone
13. Notary Commission expires: Jan 10 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Oregon #334	Apr.21,1961	child born Sept.5,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Liweston,Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statementrregarding school records	Columbia Co.Washington,Robert S. Woodend, Supt.	Apr.26,1961	May 12,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.9,1900	----	----	A. J. Abel

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Tressie Collins age 76	May 4,1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.9,1900	Lewiston,Idaho	Hester Billips	Andrew Joseph Abel

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bergon	Penny L. Wing	May 8, 1961

FORM BH 56067

1 copy paid 3-17-71

MAY 8 1961

918-11-001-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-432
432

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gordon Fitzulee Ray			2. Date Of Birth (month) (day) (year): February 11, 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Bert Ray			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Stella Stickney			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon Ray		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 15 May 1961	12. Signature of Notary: W. W. Benson		13. Notary Commission expires: Aug 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding records from St. Luke's Hospital	By whom issued and signed: Minnie M. Nelson, Medical Records Librarian	Date Issued: March 31, 1961	Date Orig. Entry: February 27, 1940
	Date of Birth: Age 40 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: - -------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding records	By whom issued and signed: State of Utah Drivers License Division	Date Issued: May 11, 1961	Date Orig. Entry: April 14, 1949
	Date of Birth: February 11, 1900 / Birth Place: -----	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Earl C. Stickney	Date Issued: May 15, 1961	Date Orig. Entry: -------
	Date of Birth: February 11, 1900 / Birth Place: Boise, Idaho	Full Name of Mother: Stella Ray	Name of Father: Bert Ray	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	May 15, 1961

FORM BH 56067

MAY 16 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Form No. De 61-432

REGISTRANT	1. Registrant's Full Name at Birth: Gordon Ditzulee Ray	2. Date of Birth (month) (day) (year): February 11, 1906	
	3. Place of Birth: White	4. Sex: male	5. Place of Birth: Ada
	6. Place of Birth: Boise		
FATHER	7. Full Name of Father: Bert Ray	8. State or Country of Father's Birth: Kentucky	
MOTHER	9. Full Maiden Name of Mother: Stella Stickney	10. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	11. Signature of Applicant	12. Signature of Notary	13. Present Address of Applicant
	14. Signature of Notary	15. Notary Commission expires	

APPLICATION TO BE MADE BELOW THIS LINE

SUPPORTING RECORD 1.	Statement regarding records from St. Luke's Hospital	By whom issued and signed: Minnie M. Nelson, Medical Records Librarian	Date Issued: March 31, 1961	Date Orig. Entry: February 27, 1946
	Date of Birth: Age 40	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Statement regarding records	By whom issued and signed: State of Utah Drivers License Division	Date Issued: May 11, 1961	Date Orig. Entry: April 14, 1949
	Date of Birth: February 11, 1906	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Affidavit by Uncle	By whom issued and signed: Earl C. Stickney	Date Issued: May 15, 1961	Date Orig. Entry: ------
	Date of Birth: February 11, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Stella Ray	Name of Father: Bert Ray
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the form of abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Blaine Coy	May 15, 1961

FORM 88 AUG 57

867-119-044-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rhubein Clarence Hogg		2. Date Of Birth (month) (day) (year): April 19 1900
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: near Cambridge, Washington; b. City or Town of Birth: near Cambridge, Idaho
FATHER	6. Full Name of Father: John Franklin Hogg		7. State or Country of Father's Birth: Bolivar, Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Belle West		9. State or Country of Mother's Birth: The Dalles, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhubein Clarence Hogg	11. Present Address of Registrant: 1217 Hall St Lagrande Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1961	12. Signature of Notary: Robert E. Williamson	13. Notary Commission expires: June 24 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Lulu Bostwick born 1888	Date issued: Apr.16,1961	Date Orig. Entry: ----
	Date of Birth: Apr.19,1900 / Birth Place: Cambridge, Idaho	Full Name of Mother: Sarah Belle West	Name of Father: John Franklin Hogg	
SUPPORTING RECORD 2.	Type of Document: Insurance policy application	By whom issued and signed: United Benefil Heath and Accd.	Date issued: Oct.18,1943	Date Orig. Entry: Oct.18,1943
	Date of Birth: Apr.19,1900 / Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Oregon #166	Date issued: Apr.25,1961	Date Orig. Entry: child born Aug.24,1935
	Date of Birth: age 35 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	May 22, 1961

FORM BH 56067

1 copy paid #14974 ~~1-copy-paid~~ 4-19-61

MAY 22 1981

685-110-010-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Ben Wheeler			2. Date Of Birth (month) October (day) 10 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Poplar	
FATHER	6. Full Name of Father: John A. Wheeler			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary A. Atkinson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Ben Wheeler		11. Present Address of Registrant: 1200 Arcadia, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1961	12. Signature of Notary: Margaret Wolfgram		13. Notary Commission expires: September 1 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #11 040 540	By whom issued and signed: New York Life Ins. Co.	Date Issued: March 26, 1930	Date Orig. Entry: March 26, 1930	
	Date of Birth: Oct. 10, 1900	Birth Place: Poplar, Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Statement and copy of church membership	By whom issued and signed: Harold D. Johnson, Ward Clerk L.D.S.Church, Boise Third Ward	Date Issued: May 30, 1961	Date Orig. Entry: Baptized Sept 2, 1909	
	Date of Birth: October 10, 1900	Birth Place: Popular, Idaho Bonneville county	Full Name of Mother: Mary A. Atkinson	Name of Father: John A. Wheeler	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment record	By whom issued and signed: Bank of Idaho, Boise, Idaho G.Mendonsa, Vice Pres.	Date Issued: june 14, 1961	Date Orig. Entry: January 1, 1947	
	Date of Birth: Oct. 10, 1900	Birth Place: Bonneville co., Idaho	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	June 14, 1961

FORM BH 56067

JUN 15 1961
OCT 6 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dc61-[illegible]

REGISTRANT	1. Registrant's Full Name at Birth: Alfred Ben Wheeler	2. Date of Birth (month) October (day) 10 (year) 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bonneville
		6. Mother's Birth: Poplar	
FATHER	14. Full Name of Father: John A. Wheeler	15. State or Country of Father's Birth: Utah	
MOTHER	16. Full Maiden Name of Mother: Mary A. Atkinson	17. State or Country of Mother's Birth: Utah	
AFFIDAVIT	18. Affidavit declare upon oath that the statements are true to the best of my knowledge and belief	19. Signature of Registrant	11. Present address of Registrant: 1000 Arcadia, Boise, Idaho
	Subscribed and sworn to before me on	12. Signature of Notary	15. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: Insurance Policy 911 040 540	By whom issued and signed: New York Life Ins. Co.	Date Issued: March 26, 1930	Date Orig. Entry: March 26, 1930
	Date of Birth: Oct. 10, 1900	Birth Place: Poplar, Idaho	Full Name of Mother: ---	Name of Father: --
SUPPORTING RECORD 2	Type of Document: Statement and copy of church membership	By whom issued and signed: Harold D. Johnson, Ward Clerk L.D.S. Church, Boise Third Ward	Date Issued: May 30, 1961	Date Orig. Entry: Sept 2, 1909
	Date of Birth: October 10, 1900	Birth Place: Poplar, Idaho Bonneville county	Full Name of Mother: Mary A. Atkinson	Name of Father: John A. Wheeler
SUPPORTING RECORD 3	Type of Document: Statement regarding employment record	By whom issued and signed: Bank of Idaho, Boise, Idaho G. Mendonsa, Vice Pres.	Date Issued: June 14, 1961	Date Orig. Entry: January 1, 1947
	Date of Birth: Oct. 10, 1900	Birth Place: Bonneville co., Idaho	Full Name of Mother: ---	Name of Father: -----
QUALIFYING INFORMATION				

CERTIFICATION (seal): I certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	June 14, 1961

FORM 24 SEC 67

165-228-004-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-516

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Jones
2. Date Of Birth (month) (day) (year): Sept. 28 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Montpelier Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: John Joseph Jones
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Severn
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Jones Brough
11. Present Address of Registrant: 911 Drestel Road Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: June 6 1961
12. Signature of Notary: N. R. Waldo Jr
13. Notary Commission expires: Jan. 8 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding records	By whom issued and signed: L.D.S. church, Bear Lake Stake	Date Issued: May 8, 1961	Date Orig. Entry: December 9, 1900	
	Date of Birth: September 28, 1900	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Sarah E. Severn	Name of Father: Jno. J. Jones	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Utah #3924	Date Issued: ------	Date Orig. Entry: December 2, 1932	
	Date of Birth: Age 32	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: obviously old	
	Date of Birth: September 28, 1900	Birth Place: -----	Full Name of Mother: Sarah Elizabeth Jones	Name of Father: John J. Jones	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	June 15, 1961

FORM BH 56067

6-2-61

JUN 16 1961

Mrs. H. R. Brough

1. Registrant's full name at birth: [illegible]	2. Date of birth: [illegible]	
3. Color or race: [illegible]	4. Place of birth: [illegible]	5. Place of birth: [illegible]
6. Full name of father: [illegible]	7. State or Country of father's birth: [illegible]	
8. Maiden name of mother: [illegible]	9. State or Country of mother's birth: [illegible]	
10. Signature of Registrant: [illegible]	11. Address of Registrant: [illegible]	
12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

Type of Document: Statement regarding records	By whom issued and signed: L.B.S. church, Bear Lake Stake	Date issued: May 8, 1961	Date Orig. Entry: December 8, 1900
Date of Birth: [illegible] 28, 1900	Full Name of Mother: Sarah E. Severn	Name of Father: John J. Jones	
Type of Document: Own childs birth certificate	By whom issued and signed: State of Utah 55224	Date issued: ------	Date Orig. Entry: December 2, 1932
Date of Birth: Age 32	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued: ------	Date Orig. Entry: obviously old
Date of Birth: September 1900	Birth Place: -----	Full Name of Mother: Sarah Elizabeth Jones	Name of Father: John J. Jones

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date filed: June 15, 1961

619-215-028-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 602

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Grace Jewell Wark
2. Date of Birth (month) (day) (year): March 15 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Kootenai
b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: Robert McGregor Wark
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Helen Crane
9. State or Country of Mother's Birth: Oregon Multanomah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Grace Jewell Wark
11. Present Address of Registrant: 25-21-E-6 Ch. St. Long Beach Calif

NOTARY (Seal)

Subscribed and sworn to before me on April 10 1961

12. Signature of Notary: Dale E. Bowen
13. Notary Commission expires: In and for the County of Los Angeles, State of California. My commission expires Dec. 22, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Bureau of the Census	June 19,1961	June 1, 1900
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age two months / Idaho	Helen R. Wark	Robert M. Wark	
SUPPORTING RECORD 2.	social security record	Treasury Departmen	-----	Nov. 21,1936
	Mar.15,1900 / Harrison, Idaho	Helen Crane	Robert McGregor Wark	
SUPPORTING RECORD 3.	Family Bible Record	Dale E. Bowen, Notary Public	Apr.10,1961	obviously old
	Mar.15,1900 / Kootenai County Harrison, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Penny L. Wing
Date Filed: July 24, 1961

FORM BH 56067

3-9-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

415-101-022-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-652

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Dwain Davis		2. Date of Birth (month) Dec. (day) first (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Marysville, Fremont — b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: David Davis		7. State or Country of Father's Birth: Pittsburgh, Penn.
MOTHER	8. Full Maiden Name of Mother: Mary Hannah Saxton		9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Dwain Davis	11. Present Address of Registrant: Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26th July 1961	12. Signature of Notary: A. M. Condie	13. Notary Commission expires: Nov. 29, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Priesthood ordination Church record	By whom issued and signed: J. W. Condie L.D.S. church record	Date Issued: February 17, 1913	Date Orig. Entry: February 12, 1913
	Date of Birth: December 1, 1900	Birth Place: Marysville, Fremont co. Idaho	Full Name of Mother: Mary H. Merrill	Name of Father: David Davis
SUPPORTING RECORD 2.	Type of Document: Priesthood ordination Church record	By whom issued and signed: Charles A. Larson. L.D.S. church record	Date Issued: February 20, 1916	Date Orig. Entry: February14, 1916
	Date of Birth: December 1 1900	Birth Place: Marysville, Fremont Co., Idaho	Full Name of Mother: Mary H. Merrill	Name of Father: David Davis
SUPPORTING RECORD 3.	Type of Document: Baptism certificate	By whom issued and signed: Charles A. Larsan	Date Issued: July 4, 1909	Date Orig. Entry: July 4, 1909
	Date of Birth: December 1 1900	Birth Place: Marysville, Fremont, Idaho	Full Name of Mother: Mary H. Merrill	Name of Father: David Davis

QUALIFYING INFORMATION

Mary Hannah Saxton, mother of registrant, was raised by a family by the name of Merrill, but was not adopted. She was generally known as Mary Hannah Merrill.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	August 10, 1961

FORM BH 56067

AUG 10 1961

DELAYED (FIAT) RECORD OF BIRTH

STATE OF IDAHO

212-228-016-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-660
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ MAY BABBITT
2. Date of Birth (month) (day) (year): 1 28 1900
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: CASSIA
b. City or Town of Birth: ELBA

FATHER

6. Full Name of Father: LORENZO BABBITT
7. State or Country of Father's Birth: Honeyville, Utah

MOTHER

8. Full Maiden Name of Mother: HANNAH Elizabeth Stokes
9. State or Country of Mother's Birth: Perry, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Inez May Harris
11. Present Address of Registrant: 304 E 5th Burley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 7, 1961
12. Signature of Notary: Mary C. Holmes
13. Notary Commission expires: July 20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #156765	Aug.4,1961	child born Sept.10,1927
Class*	Date of Birth: age 27	Birth Place: Elba, Idaho	Full Name of Mother: ———	Name of Father: ———
SUPPORTING RECORD 2.	Social Security Record	Treasury Department	———	Sept.24,1951
Class	Date of Birth: Jan.28,1900	Birth Place: Cassia County Elba, Idaho	Full Name of Mother: Hanna Elizabeth Stokes	Name of Father: Lorenzo Babbitt
SUPPORTING RECORD 3.	Certificate of Membership	By whom issued and signed: LDS Church, Paul Ward, J.L. Butler, Bishop	Mar.28,1922	baptized Aug.1,1908
Class	Date of Birth: Jan.28,1900	Birth Place: Elba, Idaho	Full Name of Mother: Hannah Stokes	Name of Father: Lorenzo Babbitt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	August 14, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 14 1961

Department of Health
Division of Health
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR
Person whose birth is being registered:

1. Number of Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year)
3. Color or Race: 4. Sex: 5. Place of Birth: 6. County: 7. City or Town of Birth: [illegible]

FATHER
7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]

MOTHER
9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

APPLICANT
Hereby declare upon oath that the statements are true to the [illegible] my knowledge and belief.
Subscribed and sworn to before me on 19 [illegible]
(Seal)

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1
Type of Document: Valid [illegible] certificate
Date of Birth: Birth Place: Mina, Idaho
Class:
Date Issued: Aug. 4, 1961
Date Orig. Entry: Valid born Sept. 10, 1927
Name of Father:
Date of Birth: Birth Place: Mina, Idaho
Class:
Date Issued: Aug. 4, 1961
Date Orig. Entry: Sept. 10, 1927
Name of Father:

SUPPORTING RECORD 2
Type of Document: Social Security Record
Date of Birth: Birth Place: Bannock County, Mina, Idaho
Class:
Date Issued: Treasury Department
Date Orig. Entry: Sept. 24, 1951
Name of Father: Lorenzo Gabbitt
Full Name of Mother: Hanna Elizabeth Stokes

SUPPORTING RECORD 3
Type of Document: Certificate of Membership
Date of Birth: Birth Place: Mina, Idaho
Class:
Date Issued: Mar. 28, 1960
Date Orig. Entry: Baptized Aug. 1, 1963
Name of Father: Lorenzo Gabbitt
Full Name of Mother: Hannah Stokes

QUALIFYING INFORMATION

CERTIFICATION (seal)
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Penny L. Wing
Date Filed: August 11, 1961

Class A Records are those [illegible] before the [illegible] Records Directly.
Class B Records are those made [illegible] but are at least 5 years old.

915-213-001-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorene Kathryn Randall		2. Date of Birth (month) March (day) 13 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Cyrenius Randall		7. State or Country of Father's Birth: Atwood, Michigan	
MOTHER	8. Full Maiden Name of Mother: Frances Saxton		9. State or Country of Mother's Birth: Paw Paw Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorene Keith	11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 25 1961	12. Signature of Notary: Frederick Hughes Lynch	13. Notary Commission expires: Sept. 21, 1963	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #238952	Date Issued: Feb.17,1961	Date Orig. Entry: child born Dec.6,1935	
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Frances Randall	Date Issued: July 10, 1961	Date Orig. Entry: -----	
	Date of Birth: Mar.13,1900	Birth Place: Ada County Boise, Idaho	Full Name of Mother: Frances Randall	Name of Father: Cyrenius Lorenzo Randall	
SUPPORTING RECORD 3.	Type of Document: statement regarding lodge records	By whom issued and signed: Hugh Duncan Chapter #2,O.E.S. Salmon,Carrie A. Soule,Sec.	Date Issued: Aug.11,1961	Date Orig. Entry: Sept.6,1949	
	Date of Birth: age 49	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	August 16,1961

FORM BH 56067

AUG 16 1961

Lorraine Marshall Keith

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Boise, Idaho

REGISTRANT

1. Registrant's Full Name of Birth
[illegible]

2. Date of Birth (Month) (Day) (Year)
[illegible]

3. Sex
[illegible]

4. Color or Race
[illegible]

5. Place of Birth
[illegible]

6. Full Name of Father
[illegible]

7. Date of Birth
[illegible]

8. Full Name of Mother
[illegible]

9. Date of Birth
[illegible]

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

Signature of Registrant
[illegible]

Present Address of Registrant
[illegible]

Subscribed and sworn to before me on
[illegible]

Signature of Notary
[illegible]

Notary Commission expires
[illegible]

SUPPORTING RECORD 1.

Type of Document
Our child's birth certificate
Idaho

Date Issued
[illegible]

Date Orig. Entry
[illegible]

SUPPORTING RECORD 2.

Type of Document
Affidavit by mother
Date of Birth
Mar. 13, 1900
Birth Place
Nez Perce County
Nez Perce, Idaho

Date Issued
[illegible]

Date Orig. Entry
[illegible]

Name of Father
[illegible]

SUPPORTING RECORD 3.

Type of Document
Statement [illegible]
Date of Birth
[illegible]

Date Issued
[illegible]

Date Orig. Entry
[illegible]

Full Name of Mother
[illegible]

Name of Father
[illegible]

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

REGISTRAR'S CERTIFICATION (Seal)

State Registrar
[illegible]

Evidence reviewed by
[illegible]

Date Filed
August 10, 1961

Form 40 [illegible]

613-225-021-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 683

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Susan Watson			2. Date Of Birth (month) Dec. (day) 25, (year) 1900
	3. Color or Race: White	4. Sex: f	5. Place of Birth a. County: Franklin,	b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Arthur Watson			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Gertrude Elizabeth Chandler			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Susan Watson		11. Present Address of Registrant: 416 N. 11th Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 6th 1961	12. Signature of Notary: H.J. Swanson		13. Notary Commission expires: Nov. 18th 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #175351	Date Issued: ----	Date Orig. Entry: child born Sept. 18,1929
	Date of Birth: age 28 / Birth Place: Clifton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Class A School Dist.#25, Jenet L. Richardson, Sec.	Date Issued: July 7,1961	Date Orig. Entry: 1909-1910
	Date of Birth: Dec.25,1900 / Birth Place: ----	Full Name of Mother: Mrs. A. Watson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church Birth certificate	By whom issued and signed: LDS Church,Pocatello Ward, Joseph F. Smith, Historian	Date Issued: Aug.14,1961	Date Orig. Entry: recorded Mar.3,1901
	Date of Birth: Dec.25,1900 / Birth Place: Cache Clifton, Idaho	Full Name of Mother: Gerthrude Chandler	Name of Father: Arthur Watson	
QUALIFYING INFORMATION	Marriage License affidavit, Bannock County, Idaho, issued by Sarah Devaney, Clerk of District Court, on July 12, 1961. Date of original entry was June 19,1922. age was given as 21.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Barron	Evidence reviewed by: Penny L. Wing pw		Date Filed: Aug. 16, 1961

FORM BH 56067

8-16-61

AUG 16 1961

Puckett

719-202-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 749

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia Mae Parker			2. Date of Birth (month) (day) (year): November 2, 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont County (Now Madison)	b. City or Town of Birth: Hibbard (Now Route 1, Rexburg) Ida.	
FATHER	6. Full Name of Father: Frederick Albion Parker			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Thomas			9. State or Country of Mother's Birth: Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sylvia Mae Parker (Evans)	11. Present Address of Registrant: 45 North 3rd East, Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1961		12. Signature of Notary: Ray W. Rigby	13. Notary Commission expires: January 26 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 18, 1941
	Date of Birth: Nov.2,1900	Birth Place: Madison County Hibbard, Idaho	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker, Sr.	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Hibbard Ward, Joseph F. Smith, Historian	Date Issued: Aug.21,1961	Date Orig. Entry: recorded Nov. 8, 1908
	Date of Birth: Nov. 2,1900	Birth Place: Fremont County Hibbard, Idaho	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application		By whom issued and signed: Cache County Utah, Iver L. Larsen, County Clerk	Date Issued: Feb.19,1958	Date Orig. Entry: Oct.14,1919
	Date of Birth: Nov.2,1900	Birth Place: Hibbard, Idaho	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 8, 1961

FORM BH 56067

SEP 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Registrant's Full Name of Birth: Sylvia Mae Parker	2. Date of Birth: November 2, 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fremont County (Now Madison) Ricbard (Now Route 1, Newburg) Ida.
FATHER	6. Full Name of Father: Frederick Albion Parker	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Name of Mother: Mary Thomas	9. State or Country of Mother's Birth: Wales	
APPLICANT	10. Person Cashing Check: I hereby certify that the foregoing statements are true in the best of my knowledge and belief.	11. Signature of Registrant:	12. Present Address of Registrant: 15 North 3rd West, Rexburg, Idaho
NOTARY	13. Subscribed and sworn to before me on:	14. Signature of Notary:	15. Notary Commission Expires:

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Dec. 18, 1961
	Date of Birth: Nov. 2, 1900	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker	
SUPPORTING RECORD 2	Type of Document: Church Certificate of Birth	By whom issued and signed: 1st Church, Wilbur Ward, Joseph F. Smith, Richardson	Date Issued: Aug. 21, 1961	Date Orig. Entry: Recorded Nov. 8, 1961
	Date of Birth: Nov. 2, 1900	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker	
SUPPORTING RECORD 3	Type of Document: Marriage Licence Application	By whom issued and signed: Cache County Utah, Ivor L. Larsen, County Clerk	Date Issued: Feb. 19, 1958	Date Orig. Entry: Oct. 18, 1958
	Date of Birth: Nov. 2, 1900	Full Name of Mother: Mary Thomas	Name of Father: Fred A. Parker	
QUALIFYING				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Oct. 8, 1961

Form No. [illegible]

366-209-004-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-771

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Jane Toomer
2. Date of Birth (month) (day) (year): August 9 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Lanark, Idaho — Bear Lake
b. City or Town of Birth: Lanark, Idaho

FATHER

6. Full Name of Father: James Toomer
7. State or Country of Father's Birth: Farmington, Utah

MOTHER

8. Full Maiden Name of Mother: Agnes Parker
9. State or Country of Mother's Birth: Leicester, Leicestershire, England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Myrtle Jane Toomer Dayton
11. Present Address of Registrant: Dingle, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 8, 1961

12. Signature of Notary: Sam Hanks, Clerk

13. Notary Commission expires: June 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Blessing	By whom issued and signed: L.D.S.Church, Dingle Ward, C.F.Feinauer, Clerk	Date Issued: Aug 30, 1961	Date Orig. Entry: Blessed Oct. 7, 1900	
	Date of Birth: August 9, 1900	Birth Place: Lanark, Idaho Bear Lake County	Full Name of Mother: Agnes Parker	Name of Father: James Toomer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #262778	Date Issued: ---	Date Orig. Entry: child born Feb 13, 1938	
	Date of Birth: Age 37	Birth Place: Lanark, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Idaho Mutual Benefit Assn.	By whom issued and signed: Idaho Mutual Benefit Assn. #15870	Date Issued: 8-22-46	Date Orig. Entry: 8-22-46	
	Date of Birth: August 9, 1900	Birth Place: Lanark, Idaho	Full Name of Mother: -------	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Elaine Coy	September 18, 1961

FORM BH 56067

8-17-67

SEP 19 1961

Dayton

REGISTRAR	1. Registration Full Name at Birth	2. Date of Birth (month)	(year)
	3. Color or Race	4. Place of Birth	5. Sex
	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission expires	

SUPPORTING RECORD 1	Type of Document: Copy of Certificate of Vicissity	By whom issued and signed: J. S. Church, Clinic Bard, [illegible]	Date Issued: Aug 30, 1961	Date Orig. Entry: Blessed Oct. [illegible], 1960
	Date of Birth: August 3, 1960	Birth Place: Lanark, Idaho Bear Lake County	Full Name of Mother: Agnes Parker	Name of Father: James Tooner
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #262773	Date Issued: —	Date Orig. Entry: child born Feb 13, 1960
	Date of Birth: Age 37	Birth Place: Lanark, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Idaho Mutual Benefit Assn.	By whom issued and signed: Idaho Mutual Benefit Assn. #15870	Date Issued: 5-22-46	Date Orig. Entry: 5-22-46
	Date of Birth: August 3, 1960	Birth Place: Lanark, Idaho	Full Name of Mother: [illegible]	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Elaine Day	September 18, [illegible]

965-112-036-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 790

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Roe
2. Date Of Birth: (month) July (day) 12 (year) 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Stone, Idaho - Oneida
b. City or Town of Birth: Stone, Idaho

FATHER

6. Full Name of Father: Thomas Wm Roe
7. State or Country of Father's Birth: England.

MOTHER

8. Full Maiden Name of Mother: Lucy ann Harris
9. State or Country of Mother's Birth: Utah, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Roe
11. Present Address of Registrant: S.L. City, Utah 225 Winslow ave

NOTARY (Seal)

Subscribed and sworn to before me on 22nd of September 1961
12. Signature of Notary: LaRue M. Hale
13. Notary Commission expires: Aug. 24 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Membership Record	LDS Church, Salt Lake City, Ella D. Jack, Custodian	Nov. 3, 1959	baptized July 20, 1908
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 12, 1900 / Stone, Idaho	Lucy Ann Harris	Thomas W. Roe	
SUPPORTING RECORD 2.	Social Security Record	Treasury Department	----	May 9, 1937
	July 12, 1900 / Stone, Idaho	Lucy Ann Harris	Thomas William Roe	
SUPPORTING RECORD 3.	own childs birth certificate	Utah State #1145	Sept. 1, 1961	child born Apr. 4, 1936
	age 35 / Stone, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bacon	Penny L. Wing	Sept. 25, 1961

FORM BH 56067 10-22-59

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 25 1968

244-21-039-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 827

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MYRTLE BUDGE
2. Date of Birth (month) (day) (year): March 11 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Edwin Budge
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Dere Allen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: mrs. myrtle B. Chapman
11. Present Address of Registrant: 718½ Acequia Visalia Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 2 1961
12. Signature of Notary: L. O. Bullock
13. Notary Commission expires: May 17 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by cousin	H. C. Allen age 60	Apr. 24, 1946	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 11, 1900	Power County Rockland, Idaho	Elizabeth D. Allen	Edwin Budge

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #51009	-----	child born July 5, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 17	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church birth certificate	LDS Church, Rockland Ward, Joseph F. Smith, historian	Sept. 22, 1961	recorded June 3, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 11, 1900	Rockland, Idaho	Deseret Allen	Edwin Budge

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Oct. 4, 1961

FORM BH 56067

OCT 4 1961

259-209-008-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 852

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Hansena Berntson		2. Date Of Birth (month) 2 (day) 9 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Horseshoe Bend b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Hans Berntson		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Syrena Alice Smidt		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Hansena De Clark	11. Present Address of Registrant: r151 N.W. Johnson, Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1961	12. Signature of Notary: Learna Linville	13. Notary Commission expires: Feb 2 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: June 18, 1937
	Date of Birth: Feb. 9,1900	Birth Place: Horseshoe,Bend,Ida.	Full Name of Mother: Syrena Smidt	Name of Father: Hans Berntson
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #134697	Date Issued: ----	Date Orig. Entry: child born Sept.25,1925
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Letha Anson age 72	Date Issued: Sept.13 1961	Date Orig. Entry: [illegible]
	Date of Birth: Feb.9,1900	Birth Place: Horseshoe,Bend,Ida.	Full Name of Mother: Syrena Alice Smidt	Name of Father: Hans Berntson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	Oct. 11, 1961

FORM BH 56067

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 17 1994

867-101-044-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 866

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Frederick Hogadone			2. Date Of Birth (month) (day) (year): Dec. 1 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Washington	b. City or Town of Birth: Cambridge	
FATHER	6. Full Name of Father: John Charles Hogadone.			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Hannah Rebecca Clevenger			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Hogadone		11. Present Address of Registrant: Clovis / California	
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 16 1961	12. Signature of Notary: Carl H. McDaniel		13. Notary Commission expires: JAN 2 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy application		By whom issued and signed: Mutual Benefite Assn.	Date Issued: ----	Date Orig. Entry: Oct. 3,1946
	Date of Birth: Dec.1,1900	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: Santa Clara County,Calif.	Date Issued: -----	Date Orig. Entry: May 24,1935
	Date of Birth: age 34	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister		By whom issued and signed: Minerva M. Peterson age 72	Date Issued: Oct.4,1961	Date Orig. Entry: ----
	Date of Birth: Dec.1,1900	Birth Place: Cambridge, Idaho	Full Name of Mother: Hannah Rebecca Clevenger	Name of Father: JohnsCharles Hogadone	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Oct. 18,1961

FORM BH 56067

9-13-51

OCT 18 1961

Hagadone

445-117-026-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-918

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Leland Dunham
2. Date of Birth: August 17 1900
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: William Wallace Dunham
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Almeda Margaret Stevenson
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd L. Dunham
11. Present Address of Registrant: 8991 WOODWARD WAY, ORANGEVALE, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: September 12, 1961

12. Signature of Notary: Irene Cannon, Notary Public in and for Sac. Co. State of Calif.
13. Notary Commission expires: Jan. 22, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #200314	----	child born Mar.18,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 31 / Menan, Idaho	-----	-----	
SUPPORTING RECORD 2.	affidavit by sister	Mabel A.D.Mudd born 1890	Sept.27, 1961	-----
	Aug.17,1900 / Menan, Idaho	Almeda Margaret Stevenson	William Wallace Dunham	
SUPPORTING RECORD 3.	insurance policy	Metropolitan Life Insurance	June 1,1946	Mar.11,1946
	Aug.17,1900 / Menan, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	pw Penny L. Wing	Nov. 2, 1961

FORM BH 56067

8-24-61 1 copy paid

NOV 2 1961

413-210-035-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELISE ELIZABETH MACLEAN		2. Date of Birth: (month) May (day) 10 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: James A. MacLean		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Miriam Govan (GORAN)		9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elise MacLean Dewar	11. Present Address of Registrant: Box 361 - Pebble Beach - Calif	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: Kenneth C. Bedell KENNETH C. BEDELL	13. Notary Commission expires: FEB. 25 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: John W. Knoble, Rector St. Paul's Episcopal Church	Date Issued: Nov.2,1961	Date Orig. Entry: Oct.3,1904	
	Date of Birth: May 10,1900	Birth Place: Lewiston,Idaho	Full Name of Mother: Miriam Govan	Name of Father: James A. McLean	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Sept.27, 1961	Date Orig. Entry: Apr.15,1910	
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Miriam McLean	Name of Father: James McLean	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: Spokane County, Washington	Date Issued: Sept.27, 1961	Date Orig. Entry: June 14,1927	
	Date of Birth: age 27	Birth Place: Lewiston, Idaho	Full Name of Mother: Miriam Goran	Name of Father: James A. MacLean	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Beeman	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 13, 1961

FORM BH 56067

NOV 13 1961

547-218-010-565

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 960 De 61-960

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Almira Empey			2. Date of Birth (month) (day) (year): February 18, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: John Empey			7. State or Country of Father's Birth: Lehi, Utah
MOTHER	8. Full Maiden Name of Mother: Almira Ceretta Norton			9. State or Country of Mother's Birth: Lehi, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Almira Empey		11. Present Address of Registrant: 1445-2½ st PO Box 481
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 10, 1961	12. Signature of Notary: M C Hamblen Boise, Idaho		13. Notary Commission expires: 3-5-1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: ALMIRE Alvira Empey	Date Issued: 9-29-42	Date Orig. Entry: 9-29-42
	Date of Birth: February 18, 1900	Birth Place: Idaho Falls, Idaho Bonneville county	Full Name of Mother: Almira Ceretta Norton	Name of Father: John Empey
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Ada County, Parker Carver	Date Issued: ---	Date Orig. Entry: August 6, 1953
	Date of Birth: Age 53	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: L.D.S. Church membership record	By whom issued and signed: Fred L. Jacobsen, Ward Clerk Meridian, Idaho	Date Issued: -----	Date Orig. Entry: Baptism date 7-2-1908
	Date of Birth: February 18, 1900	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Almira C. Norton	Name of Father: John Empey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	November 14, 1961

FORM BH 56067

NOV 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Boise, Idaho

Date Filed: De 61-960

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name of Birth: Verda Almira Empey	2. Date of Birth (month) (day) (year): February 18, 1900	
	3. Color or Race: White; 4. Sex: Female	5. Place of Birth: County: Bonneville	Ward or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: John Empey	7. Name of Country of Father's Birth: Lehi, Utah	
MOTHER	8. Full Maiden Name of Mother: Almira Geretta Norton	9. State or Country of Mother's Birth: Lehi, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT: DO NOT WRITE ON THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Almira Empey	Date Issued: 9-29-42	Date Orig. Entry: 9-29-42
	Date of Birth: February 18, 1900; Birth Place: Idaho Falls, Idaho Bonneville county	Full Name of Mother: Almira Aretta Norton	Name of Father: John Empey	
SUPPORTING RECORD 2	Type of Document: Marriage License	By whom issued and signed: Ada County, Parker Carver	Date Issued: ---	Date Orig. Entry: August 6, 1953
	Date of Birth: Age 53; Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: ----------	
SUPPORTING RECORD 3	Type of Document: L.D.S. Church membership record	By whom issued and signed: Fred L. Jacobsen, Ward Clerk Meridian, Idaho	Date Issued: -----	Date Orig. Entry: Captain date
	Date of Birth: February 18, 1900; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Almira C. Norton	Name of Father: John Empey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which conclusively states the facts as set forth in the foregoing statement.

State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: November 14, 1961

FORM 20 SEC

814-211-021-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 965

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Claudine Hammon		2. Date of Birth (month) August (day) 11 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Daniel Jeddiah Hammon		7. State or Country of Father's Birth: Uintah, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Hansen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Claudine Hammon Crossley	11. Present Address of Registrant: 351 Redondo Ave. Salt Lake C/
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 10 1960	12. Signature of Notary: Rodean J Kidd	13. Notary Commission expires: Dec - 22 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family	By whom issued and signed: age 18 at time of birth Annie Meservy Robinson	Date Issued: Feb.10,1960	Date Orig. Entry: ----
	Date of Birth: Aug.11,1900; Birth Place: Preston, Idaho	Full Name of Mother: Annie Hansen	Name of Father: Daniel Jeddiah Hammon	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Preston Ward, Joseph F. Smith, Historian	Date Issued: Oct.30,1961	Date Orig. Entry: recorded Nov.4,1900
	Date of Birth: Aug.11,1900; Birth Place: Oneida Preston, Idaho	Full Name of Mother: Anna Hansen	Name of Father: Daniel J. Hammon	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: The Paris Co.Salt Lake City, Utah,Donna Richards, Per.Asst	Date Issued: Nov.10, 1961	Date Orig. Entry: Nov.30,1951
	Date of Birth: Aug.11,1900; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 15, 1961

FORM BH 56067 1-27-60

NOV 16 1961

281-209-001-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 995

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY IRENE SHAFFER
2. Date of Birth (month) (day) (year): MAY 9 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Boise Idaho
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: George W. Shaffer
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Naomi Jessie Baxter
9. State or Country of Mother's Birth: don't know

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marlene Higgins
11. Present Address of Registrant: 545 Redwood Ave San Bruno

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 1st 1960
12. Signature of Notary: Verne M. Ireland
13. Notary Commission expires: My Commission Expires October 31, 1961 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church records-affidavit by minister	By whom issued and signed: age 84 Muscotah Methodist Church C. B. Dennison, Pastor	Date Issued: Oct.19,1961	Date Orig. Entry: -----
	Date of Birth: May 9,1900 / Birth Place: Boise, Idaho	Full Name of Mother: Jessie Shaffer	Name of Father: George W. Shaffer	
SUPPORTING RECORD 2.	Type of Document: statement regarding employment records	By whom issued and signed: San Francisco Examiner H. G. Benson, Manager	Date Issued: Nov.2,1961	Date Orig. Entry: employed Nov.14,1950
	Date of Birth: May 9,1900 / Birth Place: ----	Full Name of Mother: ----	Name of Father: George W. Shaffer	
SUPPORTING RECORD 3.	Type of Document: statement regarding medical records	By whom issued and signed: Donald L. Drummons, M.D.	Date Issued: Nov.20,1961	Date Orig. Entry: 1956
	Date of Birth: May 9,1900 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: George W. Shaffer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw pw Penny L. Wing	Nov. 27, 1961

FORM BH 56067 10-6-60 1 copy paid #8119

NOV 27 1961

855-119-029-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1000

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruben Edgar Henshaw	2. Date Of Birth (month) (day) (year): Sept. 19, 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: (Moscow) a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Alfred Erastus Henshaw	7. State or Country of Father's Birth: Nebraska USA
MOTHER	8. Full Maiden Name of Mother: Constance Goodwin	9. State or Country of Mother's Birth: South Dakota USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R.E. Henshaw; 11. Present Address of Registrant: 522 Ithaca, Caldwell, Id
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 6, 1961 19 ___	12. Signature of Notary: George H. Dufur; 13. Notary Commission expires: Sept. 4, 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: marriage license affidavit	By whom issued and signed: Washington County, Idaho. Helen Linck, recorder	Date issued: Aug.24,1961	Date Orig. Entry: Sept.19,1923
	Date of Birth: age 23; Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: American Home Benefit Assn.	Date issued: Dec.11,1935	Date Orig. Entry: Dec. 11, 1935
	Date of Birth: Sept.19, 1900; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin	By whom issued and signed: James Isaac Headrick age 71	Date issued: Oct.30,1961	Date Orig. Entry: ----
	Date of Birth: Sept.19, 1900; Birth Place: Latah Moscow, Idaho	Full Name of Mother: Constance Goodwin	Name of Father: Alfred Erastas Henshaw	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 28, 1961

FORM BH 56067

8-8-61

NOV 29 1961

252-203-028-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONE LOUISE BEST			2. Date Of Birth (month) (day) (year): January 3 1900
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: CoeurD'Alene,Kootenai	b. City or Town of Birth: Ceeur D'Alene
FATHER	6. Full Name of Father: Charles Melvin Best			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Cora May Babbitt			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: 1220 Columbia St. Port Angeles, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 24 1961	12. Signature of Notary: Eugene E. Addison		13. Notary Commission expires: Sept 6 1965

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Eugene Best, Notary Public	Date Issued: June 30, 1937	Date Orig. Entry: June 30,1937
	Date of Birth: Jan.3,1900	Birth Place: ----	Full Name of Mother: Cora May Best	Name of Father: Charles Melvin Best
SUPPORTING RECORD 2.	Type of Document: affidavit by sister	By whom issued and signed: Bertha S. Partington age 74	Date Issued: Nov.24,1961	Date Orig. Entry: -----
	Date of Birth: Jan.3,1900	Birth Place: Coer d'Alene,Ida.	Full Name of Mother: Cora May Best	Name of Father: Charles Melvin Best
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Snohomish Co,Wash, #9406	Date Issued: Nov.28,1961	Date Orig. Entry: Sept.29,1917
	Date of Birth: age 17	Birth Place: Idaho	Full Name of Mother: Cora Babbitt	Name of Father: Charles Best
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Beeson	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 1, 1961

FORM BH 56067

11-14-61

DEC 1 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Bureau of Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: LEONE LOUISE BEST	2. Date of Birth (month) (day) (year): January 3 1900
	3. Color or Race: C	4. Sex: F
	5. Place of Birth: Coeur D'Alene, Kootenai	6. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: Charles Melvin Best	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Cora May Babbitt	9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant: 1220 Columbia St. Port Angeles, Wash.
NOTARY	12. Subscribed and sworn to before me on: Nov. 24 1961	13. Signature of Notary:
		14. Notary Commission expires: Sept 6 1965

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Nov. 3, 1900		Cora May Babbitt	Charles Melvin Best
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Nov. 3, 1900		Cora May Babbitt	Charles Melvin Best
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Nov 17	Idaho	Cora Babbitt	Charles Best
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar: [signature]	Evidence reviewed by: [signature]
		Date Filed: Dec. 1, 1961

FORM NO. 35057

11-14-61

862-215-022-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pear Vivian Hobbs			2. Date of Birth (month) (day) (year): November 15, 1900
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Benjamin George Hobbs			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Adelia Southworth			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian H. Orme		11. Present Address of Registrant: St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1961	12. Signature of Notary: Keith Jensen		13. Notary Commission expires: January 20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #245135	Date Issued: -----	Date Orig. Entry: child born July 4, 1936
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mary Adela Jessen age 79	Date Issued: Nov.28,1961	Date Orig. Entry: -----
	Date of Birth: Nov.15,1900	Birth Place: Fremont Wilford, Idaho	Full Name of Mother: Mary Adelia Southworth	Name of Father: Benjamin George Hobbs
SUPPORTING RECORD 3.	Type of Document: marriage license application	By whom issued and signed: #32282 Salt Lake County Utah	Date Issued: Nov.14,1961	Date Orig. Entry: July 15, 1919
	Date of Birth: Nov.15,1900	Birth Place: Wilford, Idaho	Full Name of Mother: Mary A. Southworth	Name of Father: Benjamin G. Hobbs
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 5, 1961

FORM BH 56067

DEC 5 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME OF CHILD (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)
Gerald Lee Ford	November 12, 1920
3. PLACE OF BIRTH (County)	4. CITY OR TOWN OF BIRTH (If not in city or town, give name of township)
Bingham	Blackfoot
5. NAME OF HOSPITAL (If not in hospital, give street address)	
Home	
6. FULL NAME OF FATHER	7. MAIDEN NAME OF MOTHER
Henry Angelo Southworth	Georgia Lee Forbes
8. COLOR OR RACE	9. AGE AT LAST BIRTHDAY (In years)
White	41
10. BIRTHPLACE (State or foreign country)	11. OCCUPATION (Kind of work done during most of working life, even though retired)
Idaho	Farmer

I hereby certify that I attended the birth of the child named above, who was born alive at the time stated above.

12. Signature: Mrs. Henry A. Southworth

13. Address: Aberdeen, Idaho

14. Date signed: November 27, 1961

15. Name of witness (If mother was not attended by physician or midwife): Mrs. Henry A. Southworth

16. Address of witness: Aberdeen, Idaho

17. Name of physician or midwife in attendance at birth: Dr. Anderson

18. Address of physician or midwife: St. Anthony, Idaho

19. Notary commission expires: January 20, 1962

20. Signature of notary:

21. Date signed: November 27, 1961

22. Name of witness:

23. Address of witness:

24. Date filed by State Registrar:

25. Name of father:

26. Maiden name of mother:

27. Date of birth:

28. Place of birth:

29. Name of informant:

30. Address of informant:

31. Relationship of informant:

32. Date signed by informant:

33. Name of witness:

34. Address of witness:

35. Date filed by State Registrar:

36. Name of father:

37. Maiden name of mother:

38. Date of birth:

39. Place of birth:

40. Name of informant:

41. Address of informant:

42. Relationship of informant:

43. Date signed by informant:

44. Name of witness:

45. Address of witness:

46. Date filed by State Registrar:

47. Name of father:

48. Maiden name of mother:

49. Date of birth:

50. Place of birth:

51. Name of informant:

52. Address of informant:

53. Relationship of informant:

54. Date signed by informant:

55. Name of witness:

56. Address of witness:

57. Date filed by State Registrar:

58. Name of father:

59. Maiden name of mother:

60. Date of birth:

61. Place of birth:

62. Name of informant:

63. Address of informant:

64. Relationship of informant:

65. Date signed by informant:

66. Name of witness:

67. Address of witness:

68. Date filed by State Registrar:

69. Name of father:

70. Maiden name of mother:

71. Date of birth:

72. Place of birth:

73. Name of informant:

74. Address of informant:

75. Relationship of informant:

76. Date signed by informant:

77. Name of witness:

78. Address of witness:

79. Date filed by State Registrar:

80. Name of father:

81. Maiden name of mother:

82. Date of birth:

83. Place of birth:

84. Name of informant:

85. Address of informant:

86. Relationship of informant:

87. Date signed by informant:

88. Name of witness:

89. Address of witness:

90. Date filed by State Registrar:

91. Name of father:

92. Maiden name of mother:

93. Date of birth:

94. Place of birth:

95. Name of informant:

96. Address of informant:

97. Relationship of informant:

98. Date signed by informant:

99. Name of witness:

100. Address of witness:

101. Date filed by State Registrar:

102. Name of father:

103. Maiden name of mother:

104. Date of birth:

105. Place of birth:

106. Name of informant:

107. Address of informant:

108. Relationship of informant:

109. Date signed by informant:

110. Name of witness:

111. Address of witness:

112. Date filed by State Registrar:

113. Name of father:

114. Maiden name of mother:

115. Date of birth:

116. Place of birth:

117. Name of informant:

118. Address of informant:

119. Relationship of informant:

120. Date signed by informant:

121. Name of witness:

122. Address of witness:

123. Date filed by State Registrar:

124. Name of father:

125. Maiden name of mother:

126. Date of birth:

127. Place of birth:

128. Name of informant:

129. Address of informant:

130. Relationship of informant:

131. Date signed by informant:

132. Name of witness:

133. Address of witness:

134. Date filed by State Registrar:

135. Name of father:

136. Maiden name of mother:

137. Date of birth:

138. Place of birth:

139. Name of informant:

140. Address of informant:

141. Relationship of informant:

142. Date signed by informant:

143. Name of witness:

144. Address of witness:

145. Date filed by State Registrar:

146. Name of father:

147. Maiden name of mother:

148. Date of birth:

149. Place of birth:

150. Name of informant:

151. Address of informant:

152. Relationship of informant:

153. Date signed by informant:

154. Name of witness:

155. Address of witness:

156. Date filed by State Registrar:

157. Name of father:

158. Maiden name of mother:

159. Date of birth:

160. Place of birth:

161. Name of informant:

162. Address of informant:

163. Relationship of informant:

164. Date signed by informant:

165. Name of witness:

166. Address of witness:

167. Date filed by State Registrar:

168. Name of father:

169. Maiden name of mother:

170. Date of birth:

171. Place of birth:

172. Name of informant:

173. Address of informant:

174. Relationship of informant:

175. Date signed by informant:

176. Name of witness:

177. Address of witness:

178. Date filed by State Registrar:

179. Name of father:

180. Maiden name of mother:

181. Date of birth:

182. Place of birth:

183. Name of informant:

184. Address of informant:

185. Relationship of informant:

186. Date signed by informant:

187. Name of witness:

188. Address of witness:

189. Date filed by State Registrar:

190. Name of father:

191. Maiden name of mother:

192. Date of birth:

193. Place of birth:

194. Name of informant:

195. Address of informant:

196. Relationship of informant:

197. Date signed by informant:

198. Name of witness:

199. Address of witness:

200. Date filed by State Registrar:

356-226-040-225

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1083

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Catherine Leonard
2. Date Of Birth (month), (day), (year): April 26th 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Shoshone
b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: William Leonard
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Catherine Skelton
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret C. Leonard
11. Present Address of Registrant: E. 242 Manito Place

NOTARY (Seal)

Subscribed and sworn to before me on: December 26 1961
12. Signature of Notary: Clyde C. Goucher
13. Notary Commission expires: October 15 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Date Issued	Date Orig. Entry	Full Name of Mother	Name of Father
SUPPORTING RECORD 1.	affidavit by mother	Apr.26,1900	Wallace, Idaho	Catherine Skelton Leonard	Dec.26,1961	-------	Catherine Skelton	William Leonard
SUPPORTING RECORD 2.	Certificate of Baptism	Apr.26,1900	Wallace, Idaho	LDS Church, Sacred Heart Church, Rev. Aher, Pastor	Nov.10,1961	June 30,1900	Catherine Skelton	William Leonard
SUPPORTING RECORD 3.	Beneficiary Designation	Apr.26,1900	-----	Penn Mutual Life Insurance Co	----	July 10, 1956	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Penny L. Wing
Date Filed: Dec. 27, 1961

FORM BH 56067

12-21-61

DEC 28 1966

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

445-114-035-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCIS EDWARD DUNAWAY			2. Date of Birth (month) April (day) 14 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Craigmont	
FATHER	6. Full Name of Father: Charles E. Dunaway			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lucy Megenity			9. State or Country of Mother's Birth: Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Francis E. Dunaway	11. Present Address of Registrant: Box 821 - Randle Wash	
NOTARY (Seal)	Subscribed and sworn to before me on 5th January 1962		12. Signature of Notary: Clara Ellison	13. Notary Commission expires: January 30 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: Apr. 14, 1900	Birth Place: Craigmont, Idaho	Full Name of Mother: Lucy Megenity	Name of Father: Charles E. Dunaway	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records		By whom issued and signed: Lewis County, Idaho W. R. Emerson, Clerk	Date Issued: Oct. 19, 1960	Date Orig. Entry: Sept. 10, 1926
	Date of Birth: age 26	Birth Place: Craigmont, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified photo copy of page of family Bible		By whom issued and signed: Clara Ellison, Notary Public	Date Issued: Jan. 5, 1962	Date Orig. Entry: ----
	Date of Birth: April 14, 1900	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Jan. 12, 1962

FORM BH 56067

JAN 15 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

768-111-025-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-072

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Valentine Porter
2. Date Of Birth (month) (day) (year): March 11, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Genesee, Idaho
b. City or Town of Birth: Genesee, Idaho

FATHER

6. Full Name of Father: Oscar Valentine Porter
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Lilly Phinney
9. State or Country of Mother's Birth: Lewiston, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester V. Porter
11. Present Address of Registrant: Box 200, Medical Lake, Washington

NOTARY (Seal)

Subscribed and sworn to before me on January 18, 1962 19___
12. Signature of Notary: Harry A Kemp
13. Notary Commission expires: July 25, 1964 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by sister age 76
By whom issued and signed: Nellie Porter White
Date Issued: Jan. 16, 1962
Date Orig. Entry: --
Date of Birth: March 11, 1900
Birth Place: Genesee, Idaho
Full Name of Mother: Lillie Phinney
Name of Father: Oscar Valentine Porter

SUPPORTING RECORD 2.

Type of Document: statement regarding hospital record
By whom issued and signed: St. Joseph's Hospital, Chewelah, Washington
Date Issued: Jan. 16, 1962
Date Orig. Entry: June 2, 1947
Date of Birth: March 11, 1900
Birth Place: Genesee, Idaho
Full Name of Mother: Lillian Phinney
Name of Father: Oscar Porter

SUPPORTING RECORD 3.

Type of Document: Certified copy of marriage statistics
By whom issued and signed: Hazel Emery, Couty Recorder Stevens County, Washington
Date Issued: Jan. 8, 1962
Date Orig. Entry: married Feb. 6, 1922
Date of Birth: age; 21
Birth Place: Genesee, Idaho
Full Name of Mother: Lilian Phinney
Name of Father: O.V. Porter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 25, 1962

FORM BH 56067 1-2-62

JAN 25 1962

812-225-029-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Elizabeth Hasfurther			2. Date Of Birth (month) October (day) 25 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Victor Hasfurther			7. State or Country of Father's Birth: Hasfurth, Germany
MOTHER	8. Full Maiden Name of Mother: Frances Hennen			9. State or Country of Mother's Birth: Fondlac, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha E. Hasfurther Edwards		11. Present Address of Registrant: 1012 17th St Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 11 1962	12. Signature of Notary: Donald E. Springer		13. Notary Commission expires: 9/8 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church, Genesee Bernard McBride, Pastor	Date Issued: Oct. 20, 1951	Date Orig. Entry: baptized Nov. 11, 1900
	Date of Birth: Oct. 25, 1900 / Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen	Name of Father: Victor Hasfurther	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 187500, Idaho	Date Issued: ----	Date Orig. Entry: Born Dec. 7, 1930
	Date of Birth: Age: 30 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: Feb. 12, 1962	Date Orig. Entry: July 23, 1953
	Date of Birth: Oct. 25, 1900 / Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen	Name of Father: Victor Hasfuther	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson, State	pw sm Shirley Miller	Feb. 15, 1962

FORM BH 56067

FEB 15 1962

466-227-025-594

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Jewel Dowdy		2. Date Of Birth (month) (day) (year): November 27 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Camas Prairie (Grangeville)
FATHER	6. Full Name of Father: James Madison Dowdy		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Ann Elizabeth Eidson		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Jewel Collins	11. Present Address of Registrant: 408 11th Street Clarkston, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 15 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct. 15, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Washington, Record #56	Date Issued: June 21, 1950	Date Orig. Entry: child born July 18, 1932
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Stanislaus Co., Calif.	Date Issued: -----	Date Orig. Entry: July 2, 1922
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle, Age: 74	By whom issued and signed: Thomas P. Dowdy	Date Issued: Feb. 13, 1962	Date Orig. Entry: --
	Date of Birth: Nov. 27, 1900	Birth Place: near Grangeville, Idaho	Full Name of Mother: Ann Elizabeth Eidson	Name of Father: James Madison Dowdy
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Feb. 16, 1962

FORM BH 56067

FEB 19 1962

OCT 8 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

[illegible]	1. Name of Birth	2. Date of Birth	
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	3. Sex	4. Place of Birth	5. City or Town of Birth
[illegible]	[illegible]	[illegible]	[illegible]
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
	[illegible]		[illegible]
MOTHER	8. Full Name of Mother		9. State or Country of Mother's Birth
	[illegible]		[illegible]
AFFIDAVIT	10. Person Delayed Upon Oath that the [illegible]	11. Signature of Registrant	12. Present Address of Registrant
	[illegible]	[illegible]	[illegible]
NOTARY	13. Sworn to before me	14. Signature of Notary	15. Notary Commission expires
	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]			
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]			
OBSERVATION INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	Remarks: Certify that no other birth certificate has been found in the Division of Vital Statistics for this registration and that secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing registration.			
	State Registrar	Evidence reviewed by	Date Filed	
	[illegible]	[illegible]	Feb. 16, 1962	

795-118-044-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Loren Pierson			2. Date Of Birth (month) Sept. (day) 18 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Weiser, Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Henry Earl Pierson			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Laney Melissa Huggans			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin L. Pierson		11. Present Address of Registrant: 3706 J Street Vancouver, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1962	12. Signature of Notary: Howard L. Smith		13. Notary Commission expires: Dec. 23 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notification of Personnel Action	By whom issued and signed: U.S. Departmen of Interior Bonneville Power Administratin	Date Issued: June 16, 1949	Date Orig. Entry: June 16, 1949	
	Date of Birth: Sept. 18, 1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, Age 73	By whom issued and signed: Rose Ella Westermann	Date Issued: Jan. 18, 1962	Date Orig. Entry: ---	
	Date of Birth: Sept. 18, 1900	Birth Place: Weiser, Idaho	Full Name of Mother: Laney Melissa Huggans	Name of Father: Henry Earl Pierson	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record	By whom issued and signed: St. Joseph's Hospital Vancouver, Washington	Date Issued: Feb. 16, 1962	Date Orig. Entry: April 12, 1948	
	Date of Birth: Sept. 18, 1900	Birth Place: Idaho	Full Name of Mother: Laney Melissa Pierson	Name of Father: Henry Pierson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: Feb. 23, 1962

FORM BH 56067

11-1-61

FEB 26 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

799-119-025-339

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-166

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: NEOLIE STANLEY REGINALD GRINSTEAD
2. Date of Birth: (month) October (day) 19 (year) 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County IDAHO; b. City or Town of Birth: LEWISTON

FATHER

6. Full Name of Father: CHARLES WALTER GRINSTEAD
7. State or Country of Father's Birth: ENGLAND

MOTHER

8. Full Maiden Name of Mother: GERTRUDE FLORENCE CLINE
9. State or Country of Mother's Birth: INDIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: L. D. R. Grinstead
11. Present Address of Registrant: McQUILLEN STREET TELLY N.Q.

NOTARY (seal)

Subscribed and sworn to before me on: fifth day 7 June 1961

12. Signature of Notary: [illegible] Notary Public Queensland Australia
13. Notary Commission expires: at death 19—

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Mobilization Attestation Form	Australian Military Forces	June 28, 1942	June 28,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1900	Lewistown,Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Nanango,Queensland #55663	May 29,1961	Aug.19,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Louistown,Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of death certificate of mother ---certified copy	New Queensland, Australia	Feb. 12, 1962	died Dec. 29, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 50	---	Gertrude Florence Grinstead	Charles Walder Grinstead

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw sm Shirley Miller	Feb. 27, 1962

FEB 2

365-209-040 - 552

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Lillian Marie Tweed		2. Date of Birth (month) 8 (day) 9 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Thomas S. Tweed		7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Mary Ness		9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice L. Johnson	11. Present Address of Registrant: 1406 w augusta ave Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1962	12. Signature of Notary: Ruth M Elliott	13. Notary Commission expires: May 17 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: photo copy of employment insurance	By whom issued and signed: C.R. Cunningham, Employer	Date Issued: ----	Date Orig. Entry: Sept. 18, 1951
	Date of Birth: Aug. 9, 1900	Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: photo copy of statement regarding school census	By whom issued and signed: Anna K. Battick, County Recorder, Wallace, Idaho	Date Issued: Dec. 15, 1961	Date Orig. Entry: Sept. 23, 1911
	Date of Birth: Age: 11	Birth Place:	Full Name of Mother: -----	Name of Father: T. S. Tweed
SUPPORTING RECORD 3.	Type of Document: photo copy of Marriage License	By whom issued and signed: Missoula County, Montana H.M. Rawn, Clerk of Dist. Crt.	Date Issued: ----	Date Orig. Entry: Oct. 11, 1919
	Date of Birth: Age: 19	Birth Place: Shoshone County Wallace, Idaho	Full Name of Mother: Mary Ness	Name of Father: Thomas S. Tweed
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Mar. 15, 1962

FORM BH 56067

1 copy paid 11-22-61

MAR 16 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Division of Vital Statistics
Boise, Idaho

Person Whose Birth is being Registered	Bernice Lillian Marie Tweed	2. Date of Birth: 8 [illegible] 1962
	3. Color or Race: White / Female	5. Place of Birth: Idaho / Whoshone
		6. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Thomas E. Tweed	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Father: Mary Ness	9. State or Country of Mother's Birth: Norway
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Person, Address of Registrant: Spokane, Washington	
	2. Described and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document: Court of Commerce	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
Supporting Record 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: [illegible] Tweed
Supporting Record 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] Tweed
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Mar. 16, 1962

I copy paid 11-22-61

FORM NO. [illegible]

547-106-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-220

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Arthur Edginton		2. Date Of Birth (month) May (day) 6 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Wilford Fremont; b. City or Town of Birth: Wilford, Idaho mailing add. St. Anthony
FATHER	6. Full Name of Father: William Walter Edginton		7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Mable Thompson		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Arthur Edginton	11. Present Address of Registrant: Bx 396 Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 19 62	12. Signature of Notary: La Monte Bauer Clerk of District Court	13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, more than ten years older	By whom issued and signed: Elnora Powell	Date Issued: Mar. 9, 1962	Date Orig. Entry: ----
	Date of Birth: May 6, 1900 / Birth Place: St. Anthony	Full Name of Mother: Mable Thompson	Name of Father: William Walter Edginton	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license application	By whom issued and signed: Janet Hawkins, Deputy Clerk 1st Dis. Court of Utah	Date Issued: Mar. 12, 1962	Date Orig. Entry: March 28, 1922
	Date of Birth: May 6, 1900 / Birth Place: Wilford, Idaho	Full Name of Mother: Mable Thompson	Name of Father: Wm. W. Edginton	
SUPPORTING RECORD 3.	Type of Document: statement regarding school census record	By whom issued and signed: Bess C. Jenkins, Deputy Clerk	Date Issued: Mar. 5, 1962	Date Orig. Entry: Sept. 1907
	Date of Birth: Age: 7 / Birth Place: ------	Full Name of Mother: ----------	Name of Father: William Edginton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 16, 1962

FORM BH 56067 1 copy [illegible] Rec 7553 3-2-62

MAR 19 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Edgington

1. Name of Person Registered (First, Middle, Last)			2. Date of Birth (Month, Day, Year)	
William ARTHUR Johnson			April 6 1909	
3. Sex	4. Place of Birth (City or County)		5. City or Town of Birth	
Male	Filer	Twin	MILNER, IDAHO	
6. Full Name of Father			7. State or Country of Father's Birth	
William Wallace Johnson			Salt Lake CITY, UTAH	
8. Full Maiden Name of Mother			9. State or Country of Mother's Birth	
Nellie Thompson			Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	11. Signature of Applicant	12. Present Address of Applicant	
			Box 276 Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Public's Office Address	

VERIFICATION - DO NOT WRITE BELOW THIS LINE

Documentary Evidence	Type of Document	By whom filed or sworn to	Date Received
Secondary Evidence	Type of Document	By whom issued and signed	Date Issued
	Name at Birth	Full Name of Mother	Maiden Name
	Date of Birth	Birth Place	Name of Father

864-215-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Young			2. Date of Birth (month) Nov. (day) 15 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: St. Anthony, Fremont	b. City or Town of Birth: St. Anthony, Idaho	
FATHER	6. Full Name of Father: Stillman Young			7. State or Country of Father's Birth: Ogden, Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth J Clark			9. State or Country of Mother's Birth: Benson, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Young Edgington		11. Present Address of Registrant: Bx 396 Ashton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 19 62	12. Signature of Notary: La Mont Benson, Clerk of District Court		13. Notary Commission expires: elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, more than 10 years older	By whom issued and signed: Adrienne Young		Date Issued: Mar. 9, 1962	Date Orig. Entry: -------
	Date of Birth: Nov. 15, 1900	Birth Place: St. Anthony	Full Name of Mother: Elizabeth Jane Clark	Name of Father: Stillmon Young	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license applicatinn	By whom issued and signed: Janet Hawkins, Deputy Clerk 1st Dist. Court of Utah		Date Issued: Mar. 12, 1962	Date Orig. Entry: Mar. 28, 1922
	Date of Birth: Nov. 15, 1900	Birth Place: St. Anthony, Idaho	Full Name of Mother: Elizabeth J. Clark	Name of Father: Stillmon Young	
SUPPORTING RECORD 3.	Type of Document: statement regarding school census record	By whom issued and signed: Bess C. Jenkins, Deputy Clerk		Date Issued: Mar. 5, 1962	Date Orig. Entry: Sept. 1907
	Date of Birth: Age: 6	Birth Place: ------	Full Name of Mother: ----------	Name of Father: Stillmon Young	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 16, 1962

FORM BH 56067

1 copy Pd Rec. 7558

3-2-62

MAR 19 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Edginton

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Blanche Young		2. Date of Birth (month) (day) (year) Nov. 15 1900
	3. Color or Race White	4. Sex Female	5. Place of Birth (County) St. Anthony Fremont
			6. City or Town of Birth St. Anthony, Idaho
FATHER	6. Full Name of Father William Young		7. State or Country of Father's Birth Ogden, Utah
MOTHER	8. Full Maiden Name of Mother [illegible] Clark		9. State or Country of Mother's Birth Hanson, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrant	11. Present Address of Registrant [illegible], Idaho
NOTARY (Seal)	Subscribed and sworn to before me on March [illegible] 62	12. Signature of Notary	13. Notary Commission Expires Elective

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]
SUPPORTING RECORD 2.	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Birth Place St. Anthony, Idaho	Full Name of Mother [illegible]	Name of Father [illegible]
SUPPORTING RECORD 3.	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM 80 SHEET

419-216-018-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Marie Marquette			2. Date Of Birth (month) (day) (year): April 16 1900
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Clearwater Co.	b. City or Town of Birth: Ahsahka, Idaho
FATHER	6. Full Name of Father: Frank Edwin Marquette			7. State or Country of Father's Birth: Flint, Michigan
MOTHER	8. Full Maiden Name of Mother: Jennie Charlotte Muggill (Marquette)			9. State or Country of Mother's Birth: Port Hope, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Marie Scroggin		11. Present Address of Registrant: 1718 S.W. Park. Portland, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: December 1, 19 61	12. Signature of Notary: Gillian N. Jones, Notary for State of Oregon		13. Notary Commission expires: June 28, 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy application	By whom issued and signed: Mass. Mutual Life Insurance	Date Issued: -----	Date Orig. Entry: Sept. 18, 1928	
	Date of Birth: Apr, 16, 1900	Birth Place: Clearwater Ahashka, Idaho	Full Name of Mother: Jennie Marquette	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school census record	By whom issued and signed: Gayle Haden, Clerk of Dist. Court.	Date Issued: Jan. 10, 1962	Date Orig. Entry: Sept. 19, 1917	
	Date of Birth: Age: 17	Birth Place: -----	Full Name of Mother: ---------	Name of Father: Frank Marquette	
SUPPORTING RECORD 3.	Type of Document: Notarized photocopy of page in family Bible	By whom issued and signed: Wayne R. O'Neil, Notary Public	Date Issued: Feb. 13, 1962	Date Orig. Entry: obviously old	
	Date of Birth: April 16, 1900	Birth Place: Ahsahka, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Mar. 19, 1962

FORM BH 56067 8-24-61

MAR 20 1963

493-112-007-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otis Wesley Miller			2. Date Of Birth (month) (day) (year): Oct. 12, 1900
	3. Color or Race: White	4. Sex: Mail	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Daniel R. Miller			7. State or Country of Father's Birth: Gaines Co., Indiana
MOTHER	8. Full Maiden Name of Mother: Eunice Rathbone			9. State or Country of Mother's Birth: Cassia County Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otis Wesley Miller		11. Present Address of Registrant: Tongue River Stage, Miles City, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1962	12. Signature of Notary: Joe S. Dent		13. Notary Commission expires: May 1, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record, Duplicate	By whom issued and signed: Rt. Reb. M.S.P. N.V. Hughes Chancellor	Date Issued: Oct. 9, 1961	Date Orig. Entry: baptized Aug. 21, 1913	
	Date of Birth: Oct. 12, 1900	Birth Place: Haily, Idaho	Full Name of Mother: Eunice Rathbone	Name of Father: Daniel Miller	
SUPPORTING RECORD 2.	Type of Document: Discharge from the U.S. Army	By whom issued and signed: United State Army	Date Issued: Feb. 23, 1942	Date Orig. Entry: Enlisted April 14, 1924	
	Date of Birth: Age: 23	Birth Place: Hailey, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: H.E.Anderson, Clerk	Date Issued: Oct. 20, 1961	Date Orig. Entry: obviously old	
	Date of Birth: Oct. 12, 1900	Birth Place: Heily, Idaho	Full Name of Mother: Eunice Rathbon	Name of Father: D.R. Miller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 27, 1962

FORM BH 56067

5-25-61 1 copypaid

MAR 28 1980

719-125-035-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David R. Parsley
2. Date Of Birth (month) (day) (year): February 25, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Harve Preston Parsley
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Myrtle Ann Tabor
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: David R. Parsley
11. Present Address of Registrant: Sprague, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: April 4, 1962
12. Signature of Notary: Philip S. Brooks Jr.
13. Notary Commission expires: December 11 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by neighbor at time of birth age: 92
By whom issued and signed: Walter C. Boggan
Date Issued: July 27, 1961
Date Orig. Entry: ----
Date of Birth: Feb. 25, 1900
Birth Place: Lewiston, Idaho
Full Name of Mother: Myrtle Ann Tabor Parsley
Name of Father: Harve Preston Parsley

SUPPORTING RECORD 2.

Type of Document: statement regarding Selective Service Registration
By whom issued and signed: Robert H. Myers, Major
Date Issued: Mar. 27, 1962
Date Orig. Entry: Feb. 16, 1942
Date of Birth: Feb. 25, 1900
Birth Place: Lewiston, Idaho
Full Name of Mother: ----------
Name of Father: ----------

SUPPORTING RECORD 3.

Type of Document: Census Record
By whom issued and signed: U.S. Bureau of theCensus Washington, D. C.
Date Issued: July 20, 1961
Date Orig. Entry: June 1, 1900
Date of Birth: Feb. 1900 3 months
Birth Place: Idaho
Full Name of Mother: Myrtle A. Parsley
Name of Father: Harvey Parsley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: April 9, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Parsley

APR 9 1962

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	
Person whose birth is being registered	3. Date of Birth	4. Sex	5. Place of Birth
	6. Full Name of Father	7. Place of Country of Father's Birth	Arkansas
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	Missouri
APPLICANT	11. Person Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Sprague, Washington
NOTARY (Seal)	Subscribed and sworn to before me on April 4, 1962	12. Signature of Notary	13. Notary Commission expires December 11, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley [illegible]	April 9, 1962

415-123-036-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-317

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Lester Daniels		2. Date Of Birth (month) (day) (year): August 23 1900	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Malad City, Ida Oneida	b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: John M. Daniels		7. State or Country of Father's Birth: Brigham City, Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Rosetta Richards		9. State or Country of Mother's Birth: Malad City, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Lester Daniels	11. Present Address of Registrant: Rt 2 Box 85 Caldwell	
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1962	12. Signature of Notary: O. U. Carlton	13. Notary Commission expires: 12-12 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Reocrd	By whom issued and signed: St. Alphonsus Hospital Gabrielle M. Amos, Librarian	Date Issued: 2-28-62	Date Orig. Entry: February 11, 1946
	Date of Birth: August 23, 1900 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. #51005	Date Issued: 2-24-41	Date Orig. Entry: 2-24-41
	Date of Birth: August 23, 1900 / Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Martha Rosetta Daniels	Date Issued: Mar. 27, 1962	Date Orig. Entry: ------
	Date of Birth: Aug. 23, 1900 / Birth Place: Malad, Idaho	Full Name of Mother: Martha Rosetta Daniels	Name of Father: John M. Daniels	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Shirley Miller	Date Filed: April 13, 1962

FORM BH 56067

APR 16 1962

386 -229-039-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Elizabeth Thompson		2. Date Of Birth (month) (day) (year): Dec. 29 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: ~~Power County~~	b. City or Town of Birth: Power County Rockland
FATHER	6. Full Name of Father: Augustus Waltamer Thompson		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emily Mirah Allen		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Elizabeth Thompson	11. Present Address of Registrant: 1335 So. 9th E. Salt Lake City Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1962	12. Signature of Notary: Robert C. Gibson	13. Notary Commission expires: 5-31-1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth, age: 71	By whom issued and signed: Mrs. Parley M. Morris	Date Issued: April 9 1962	Date Orig. Entry: ------
	Date of Birth: Dec. 29, 1900 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Emily Mirah Allen	Name of Father: Augustus Waltamer Thompson	
SUPPORTING RECORD 2.	Type of Document: photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: John Koster, Clerk, LDS Church	Date Issued: Jan. 1, 1922	Date Orig. Entry: baptized Jan. 1, 1922
	Date of Birth: Dec. 29, 1900 / Birth Place: Lockland, Idaho Power County	Full Name of Mother: Maria Allen	Name of Father: Walter A. Thompson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 91485, Idaho	Date Issued: ------	Date Orig. Entry: child born May 7, 1921
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 27, 1926

FORM BH 56067

3-23-62 1 copy paid

APR 30 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] Thompson	2. Date of Birth (month) (day) (year): Dec. 29 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth (County): Power County	6. City or Town of Birth: Power County Rockland
FATHER	6. Full Name of Father: Augustus Walkamer Thompson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: [illegible] Mirah Allen	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 1335 So. 9th E. Salt Lake City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
		Full Name of Mother: [illegible] Mirah Allen		Augustus Walkamer Thompson
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: John Kostar, [illegible]	Date Issued: Jan. 1, 1920	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Dec. 29 Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible] 21, 1920

219-120-020-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Martin Barrett		2. Date of Birth (month) (day) (year): Sept. 20 1900
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: ~~Mtn. Home~~ Elmore; b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Frank Henry Barrett		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: May Belle Davis		9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter M. Barrett	11. Present Address of Registrant: Truckee, California
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1962	12. Signature of Notary: Dorothy M. Leamon	13. Notary Commission expires: DOROTHY M. LEAMON My Commission Expires April 25, 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Mar. 26, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: application for Life insurance	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: -----	Date Orig. Entry: Jan. 11, 1928
	Date of Birth: Sept. 20, 1900	Birth Place: Mtn, Home, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: certified photo copy of Declaration of Citizenship	By whom issued and signed: Wilbur W. Smith, Personnel Officer	Date Issued: April 27, 1962	Date Orig. Entry: Oct. 12, 1943
	Date of Birth: Sept. 20, 1900	Birth Place: Mountain Home Idaho	Full Name of Mother: May Belle Barrett	Name of Father: Frank Henry Barrett
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: May 22, 1962

FORM BH 56067 Copy Pd 4 0678 2-20-62 4-17-62

MAY 23 1962

NOV 29 1965

343-130-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Lutz			2. Date Of Birth (month) (day) (year): March 30, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Charles Franklin Lutz			7. State or Country of Father's Birth: Pennsylvania, USA
MOTHER	8. Full Maiden Name of Mother: Charlottie Barber			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George William Lutz		11. Present Address of Registrant: 378 Ogden Avenue, Ely, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1962	12. Signature of Notary: Kathryn H. Gunderson		13. Notary Commission expires: 12-16 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of The Census, Washington, D.C.	Date Issued: May 21, 1962	Date Orig. Entry: June 1, 1900
	Date of Birth: Age: 2 months	Birth Place: Idaho	Full Name of Mother: Charlotte Lutz	Name of Father: Charles F. Lutz
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: May 2, 1962	Date Orig. Entry: June 3, 1900
	Date of Birth: March 30, 1900	Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Charlottie Barber	Name of Father: Charles F. Lutz
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 138611, Idaho	Date Issued: -------	Date Orig. Entry: child born July 18, 1925
	Date of Birth: Age: 25	Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 28, 1962

FORM BH 56067

11-22-61 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

MAY 28 1942

1. Registrant's Full Name at Birth: George William Lutz		2. Date of Birth (month) (day) (year): March 30, 1900	
3. Sex: Male	4. Color or Race: White	5. Place of Birth: Fremont	6. City or Town of Birth: Rexburg
7. Full Name of Father: Charles Franklin Lutz		7. State or Country of Father's Birth: Pennsylvania, USA	
8. Full Name of Mother: Charlotte Barber		9. State or Country of Mother's Birth: Logan, Utah	
10. Signature of Registrant		11. Present Address of Registrant: 378 Ogden Avenue, Ely, Nevada	
12. Signature of Notary		13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Date of Document: Hans Record	By whom issued and signed: [illegible]	Date Issued: May 21, 1942	Date Orig. Entry: June 1, 1942
Date of Birth: Mar 30, 1900	Full Name of Mother: Charlotte Lutz	Name of Father: Charles F. Lutz	
Type of Document: Church Record	By whom issued and signed: [illegible]	Date Issued: May 2, 1942	Date Orig. Entry: Jan 1, 1942
Date of Birth: March 30, 1900	Full Name of Mother: Charlotte Barber	Name of Father: Charles F. Lutz	
Type of Document: Church Record	By whom issued and signed: [illegible]	Date Issued: ———	Date Orig. Entry: May 28, 1942
Date of Birth: Mar 30, 1900	Full Name of Mother: ———	Name of Father: ———	

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: Shirley Miller	Date Filed: May 28, 1942

11-22-61 1 copy paid

244-230-035-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-432

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: [redacted] SYLVIA SUMMERS
2. Date of Birth: (month) Nov. (day) 30 (year) 1900
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Melrose

FATHER

6. Full Name of Father: [redacted] CHARLIE HENRY SUMMERS
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: SUSAN SCOTT
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sylvia Gifford
11. Present Address of Registrant: 1103 Prospect Ave., Lewiston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 21, 1962

12. Signature of Notary: Emma A. Starkey
13. Notary Commission expires: May 7, 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding hospital records	Mae Austin, Medical Records Office	May 25, 1962	Jan. 10, 1955
	Date of Birth Nov. 30, 1900 / **Birth Place** Melrose, Idaho	**Full Name of Mother** Susan Scott	**Name of Father** C. H. Summers	
SUPPORTING RECORD 2.	affidavit by mother	Susan Scott Summers	May 24, 1962	-------
	Date of Birth Nov. 30, 1900 / **Birth Place** Melrose, Idaho	**Full Name of Mother** Susan Scott Summers	**Name of Father** -------	
SUPPORTING RECORD 3.	own child's birth certifcate	File No. 182555, Idaho	----	child born June 16, 1930
	Date of Birth Age: 29 / **Birth Place** Melrose, Idaho	**Full Name of Mother** ----------	**Name of Father** ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	May 29, 1962

FORM BH 56067

2 copies paid #13699 3-23-61

MAY 29 1962

213-217-020-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-446

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARJORIE GRACE BALL
2. Date of Birth (month) (day) (year): November 17, 1900
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: —
b. City or Town of Birth: Glen's Ferry

FATHER

6. Full Name of Father: JAMES WESLEY BALL
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: VIRGIE GREEN
9. State or Country of Mother's Birth: Farmington, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie L. Benson
11. Present Address of Registrant: 6818 N.E. 149th Bothell, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: May 4 1962
12. Signature of Notary: Raymond J. Lee
13. Notary Commission expires: August 26 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy of family Bible	By whom issued and signed: Raymond J. Lee, Notary Public	Date Issued: obviously	Date Orig. Entry: old
	Date of Birth: Nov. 17, 1900 / Birth Place: Glenns Ferry, Idaho Elmore County	Full Name of Mother: Virgie Green	Name of Father: James W. Ball	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 102, Washington	Date Issued: Dec. 10, 1954	Date Orig. Entry: child born Aug. 24, 1920
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ½	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ---	Date Orig. Entry: June 1, 1949
	Date of Birth: age next birthday 49. / Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	June 4, 1962

FORM BH 56067

12-7-61 1 copy paid

JUN 4 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

DISTRICT (Person where birth is being registered)	1. Registrar's Full Name of Birth [illegible]	2. Date of Birth (month) (day) (year) November 17, 1960
	3. Birth Place 4. Sex 5. Place of Birth a. County	6. City or Town of Birth [illegible]
FATHER	7. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
	8. Maiden Name of Mother [illegible]	8. State or Country of Mother's Birth [illegible], Iowa
	9. Signature of Registrant [illegible]	10. Present Address of Registrant [illegible]
	11. Signature of Notary [illegible]	12. Notary Commission Expires August 26, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized copy of family bible	By whom issued and signed: Raymond J. Lee, Notary Public	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: Nov. 17, 1960	Birth Place: Blount Berry, Idaho, Bonneville County	Full Name of Mother: Virgie Owens	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: certified copy of own an Idaho birth certificate	By whom issued and signed: File No. 102, Washington	Date Issued: Dec. 10, 1961	Date Orig. Entry: child [illegible] Aug. 24, 1960
	Date of Birth: Ages 10	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ---	Date Orig. Entry: June 1, 1960
	Date of Birth: [illegible]	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Shirley Miller	Date Filed: June 14, 1962

962-2 25-033 -819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Matilda Robertson			2. Date of Birth (month) (day) (year): September 25 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rt # 2 Rexburg Idaho
FATHER	6. Full Name of Father: Charles Thomas Robertson			7. State or Country of Father's Birth: Deleware, Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Pauletta Harris			9. State or Country of Mother's Birth: Kaysville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della M. Robertson		11. Present Address of Registrant: Rt # 2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1962	12. Signature of Notary: [signature]		13. Notary Commission expires: January 20 1965

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by cousin,,12 years older	By whom issued and signed: Charles Ernest Robertson	Date Issued: May 31, 1962	Date Orig. Entry: -----
	Date of Birth: Sept. 25, 1900 / Birth Place: Rexburg, Idaho	Full Name of Mother: Pauletta Harris Robertson	Name of Father: Charles Thomas Robertson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 25-129536	Date Issued: ------	Date Orig. Entry: Child born Jan. 24, 1925
	Date of Birth: Age: 24 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: record of baptism	By whom issued and signed: Harold D. Hymas, Ward Clerk L.D.S. Church	Date Issued: -----	Date Orig. Entry: baptized June 6, 1908
	Date of Birth: Sept. 25, 1900 / Birth Place: Rexburg, Idaho	Full Name of Mother: Pauletta S. Harris	Name of Father: Thomas Robertson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: June 6, 1962

FORM BH 56067

JUN 6 1962

Wahz

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

REGISTRAR (Reason where Birth is delayed)	1. Registrant's Full Name of Birth: Bella Matilda Robertson	2. Date of Birth (month) (day) (year): September 25 1900	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Madison	6. Mailing Address of Birth: Rt # 2 Rexburg Idaho	
FATHER	7. Full Name of Father: Charles Thomas Robertson	8. State or Country of Father's Birth: Deleware, Ontario, Canada	
	9. Maiden Name of Mother: Paulette Harris	10. State or Country of Mother's Birth: Kaysville, Utah	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief	12. Signature of Registrant: [signature]	14. Present Address of Registrant: Rt # 2, Rexburg, Idaho
NOTARY (Seal)	3. Sworn and sworn to before me on: May 31 19 62	13. Signature of Notary: [signature]	15. Notary Commission expires: January 20 19 65

APPLICANT: DO NOT WRITE ON THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Country, 12 [illegible]	By whom issued and signed: [illegible]	Date Issued: May 31, [illegible]	Date Orig. Entry: -----
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Charles [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: -----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: -----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Paulette [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR & CERTIFICATION (Seal): I hereby certify that the [illegible] certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]	Evidence reviewed by: [illegible]	Date filed: June 6, 1962

FORM NO. [illegible]

366-128-016 -432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-459

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oliver Harold Cooper
2. Date Of Birth: (month) Feb. (day) 28 (year) 1900
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Joe Cooper
7. State or Country of Father's Birth: Oxford, Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Mae McBride
9. State or Country of Mother's Birth: Tooele, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oliver H Cooper
11. Present Address of Registrant: 1242 Malta Ave., Burley, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Mar 20 1962
12. Signature of Notary: Herman E Budke
13. Notary Commission expires: 6-13 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Florence May McBride Cooper Renner	Date Issued: Mar. 20, 1962	Date Orig. Entry: ------
	Date of Birth: Feb. 28, 1900	Birth Place: Oakley, Idaho Cassia, County	Full Name of Mother: Florence May McBride	Name of Father: Joseph Cooper
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 68039, Idaho	Date Issued: -----	Date Orig. Entry: born May 1, 1919
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: certified copy of driver's license	By whom issued and signed: Arnold Williams , Secy of State	Date Issued: May 31, 1962	Date Orig. Entry: Feb. 21, 1957
	Date of Birth: Feb. 28, 1900	Birth Place: ------	Full Name of Mother: ----------	Name of Father: ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	sm Shirley Miller	June 6, 1962

FORM BH 56067

1 copy paid 1-9-62

4-23-62

STATE OF IDAHO
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]

JUN 7 1962

Registrant's Full Name of Birth: Oliver Harold Cooper	2. Date of Birth: Feb. 28 1900	
3. Color or Race: [illegible]	5. Place of Birth: Oakley, County: Cassia	Bldg. or Town of Birth: Oakley
4. Full Name of Father: Joe Cooper	7. State or Country of Father's Birth: Oxford, Idaho	
6. Full Maiden Name of Mother: Florence Mae McBride	9. State or Country of Mother's Birth: Tooele, Utah	
AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 1[illegible] Malta Ave., Burley, Ida.
NOTARY (Seal): Subscribed and sworn to before me on [illegible] 1962	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Florence May [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Issuer: Joseph Cooper	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

CERTIFICATION: I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, and I substantiate the facts as set forth in the foregoing statement.

State Registrar: [illegible] | Evidence Reviewed by: [illegible] | Issue Date: [illegible]

1 copy paid 1-9-62

363-129-036-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-471

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lawrence J. Colton
2. Date of Birth (month) June (day) 29 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad State of Idaho

FATHER

6. Full Name of Father: Edward Colton
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Louise Clark
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence J Colton
11. Present Address of Registrant: 9912 Marnice Avenue Tujunga, California

NOTARY (Seal)

Subscribed and sworn to before me on May 29 19 62

12. Signature of Notary: Helen M. McEvers
Helen M. Mc Evers

13. Notary Commission expires: My Commission Expires February 4, 1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Edward Colton	Date Issued: Nov. 22, 1941	Date Orig. Entry: ———
	Date of Birth: June 29 1900 / Birth Place: Malad, Idaho Oneida County	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Joseph Parry, Clerk John G. Evans, Bishop	Date Issued: May 28, 1918	Date Orig. Entry: baptized May 6, 1916
	Date of Birth: June 29, 1900 / Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Louise Clark	Name of Father: Edward Colton	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 6972, California	Date Issued: Sept. 11, 1936	Date Orig. Entry: child born Sept. 13, 1931
	Date of Birth: Age: 31 / Birth Place: Malad, Idaho	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	June 8, 1962

FORM BH 56067

4-18-62

JUN 11 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence J. Colton	2. Date of Birth (month) June (day) 29 (year) 1900
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad State of Idaho	
FATHER	6. Full Name of Father: Edward Colton	7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Louise Clark	9. State or Country of Mother's Birth: U.S.A.
	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 9912 Marnice Avenue Tujunga, California
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: By Commission Expires February 4, 1963
	May 29 19 62	

Julian S. [illegible]

SPECIMEN — DO NOT WRITE WHEN DISPLAYED

Type of Document: [illegible]	By whom issued and signed: Edward [illegible]	Date Issued: Nov. 22, 1962	Date Orig. Entry: —
Date of Birth: [illegible]	Birth Place: Malad, Idaho, Oneida County	Full Name of Mother:	Name of Father:
Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: [illegible]	Date Issued: May 28, 1962	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Birth Place: Malad, Idaho, Oneida County	Full Name of Mother: Louise Clark	Name of Father: Edward Colton
Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: File No. [illegible], California	Date Issued: Sept. 13, 1962	Date Orig. Entry: Child Born Sept. 13, 1931
Date of Birth: [illegible]	Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: June [illegible]

4-18-62

354-223-019-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARRIE LEUZINGER			2. Date Of Birth (month) May (day) 23 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Clayton
FATHER	6. Full Name of Father: FREDOLIN LEUZINGER			7. State or Country of Father's Birth: SWITZERLAND
MOTHER	8. Full Maiden Name of Mother: MARGARET GALLETI			9. State or Country of Mother's Birth: SWITZERLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carrie Bradshaw		11. Present Address of Registrant: CLAYTON, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 14 1962	12. Signature of Notary: J. Lessil Sharp		13. Notary Commission expires: March 17 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: File NO. 150244, Idaho	Date issued: ------	Date Orig. Entry: child born Oct. 8, 1920
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ½	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth; age: 83		By whom issued and signed: Daisy M. Papworth	Date issued: June 14, 1962	Date Orig. Entry: -------
	Date of Birth: May 23, 1900	Birth Place: Clayton, Idaho Custer, County	Full Name of Mother: Margaret Leuzinger	Name of Father: Fredolin Leuzinger	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license		By whom issued and signed: Eva Mann, Recorder	Date issued: June 14, 1962	Date Orig. Entry: Dec. 17, 1919
	Date of Birth: Age: 19	Birth Place: --------	Full Name of Mother: Maggie Leuzinger	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	June 12, 1962

FORM BH 56067

1 copy paid 6-12-62

JUN 19 1962

855-124-022-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allen Wiser Hendricks			2. Date Of Birth (month) June (day) 24 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Idaho / Fremont	b. City or Town of Birth: Marysville	
FATHER	6. Full Name of Father: William Doris Hendricks			7. State or Country of Father's Birth: Franklin County, Idaho	
MOTHER	8. Full Maiden Name of Mother: Allie Wiser			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allen Wiser Hendricks		11. Present Address of Registrant: Sugar City, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25, 1962	12. Signature of Notary: Wm R Grover		13. Notary Commission expires: November 19, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth age: 71	By whom issued and signed: E. H. WHittle		Date Issued: ----	Date Orig. Entry: Oct. 19, 1956
	Date of Birth: June 24, 1900	Birth Place: Marysville, Idaho	Full Name of Mother: Allie Wiser Hendricks	Name of Father: William Doris Hendricks	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth L.D.S. Church	By whom issued and signed: A. Wm. Lund, Assistant Historian of the church		Date Issued: April 10, 1957	Date Orig. Entry: July 5, 1908
	Date of Birth: June 24, 1900	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Allie Wiser	Name of Father: William D. Hendricks	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: ----	Date Orig. Entry: Jan. 14, 1943
	Date of Birth: June 24, 1900	Birth Place: Marysville, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: June 26, 1962

FORM BH 56067 (Copyed)

JUN 27 1962

154-204-004-512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-518

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Marian Anderson			2. Date of Birth (month) August (day) 4 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: Christ Anderson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margaret Vass			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Anderson Buell		11. Present Address of Registrant: 2576 N 64th St Wauwatosa 13. Wis
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1962	12. Signature of Notary: Laurel W Hause		13. Notary Commission expires: Sept 4 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for social security account no.		By whom issued and signed: U. S. Treasury Department	Date Issued: -----	Date Orig. Entry: Aug. 8, 1952
	Date of Birth: Aug. 4, 1900	Birth Place: Georgetown, Idaho	Full Name of Mother: Margaret Vass	Name of Father: Christ Anderson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File 1555, Wisconsin	Date Issued: Sept. 22, 1960	Date Orig. Entry: child born Feb. 20, 1931
	Date of Birth: Age: 30	Birth Place: George Town, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Margaret Vass Anderson	Date Issued: June 23, 1962	Date Orig. Entry: -----
	Date of Birth: Aug. 4, 1900	Birth Place: Georgetown, Idaho	Full Name of Mother: Margaret Vass	Name of Father: Christ Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barron	Evidence reviewed by: Shirley Miller	Date Filed: June 29, 1962

FORM BH 56067 4-13-60

JUL 10 1962

533-130-022-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-537

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wolfgang, Leland Elliott
2. Date Of Birth (month) (day) (year): June 30 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: Wolfgang, William Henry
7. State or Country of Father's Birth: Pennsylvania U.S.A.

MOTHER

8. Full Maiden Name of Mother: Elliott, Olive
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leland Elliott Wolfgang
11. Present Address of Registrant: Leadore, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 7-10- 19 62

12. Signature of Notary: E. G. Oedham
13. Notary Commission expires: 4-14-64 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U.S. Dept. of Commerce	March 30, 1961	January 1, 1920
	Date of Birth: Age 19 / Birth Place: Idaho	Full Name of Mother: Olive Wolfgang	Name of Father: Henry W. Wolfgang	
SUPPORTING RECORD 2.	Own childs birth certificate	File #193770	--------	July 30, 1931
	Date of Birth: Age 31 / Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 3.	Insurance Policy	Old American Life Co.	Nov. 12, 1948	Nov. 12, 1948
	Date of Birth: June 30, 1900 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	July 11, 1962

FORM BH 56067

JUL 12 1962

JUL 17 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filing No. De-52-[illegible]

REGISTRANT	1. Registrant's Full Name at Birth: Wolfgang, Leland Elliott	2. Date of Birth (month) June (day) 30 (year) 1900	
(Person whose birth is being registered)	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Fremont
	6. City or Town of Birth: Hexburg, Idaho		
FATHER	7. Full Name of Father: Wolfgang, William Henry	8. State or Country of Father's Birth: Pennsylvania U.S.A.	
MOTHER	9. Full Maiden Name of Mother: Elliott, Olive	10. State or Country of Mother's Birth: England	
AFFIDAVIT	11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant: Leadore, Idaho
NOTARY	14. Subscribed and sworn to before me on	15. Signature of Notary	16. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: March 30, 1951	Date Orig. Entry: January 1, 1952
	Date of Birth: Age 14	Birth Place: Idaho	Full Name of Mother: Olive Wolfgang	Name of Father: Henry W. Wolfgang
SUPPORTING RECORD 2	Type of Document: Own childs birth certificate	By whom issued and signed: File #103779	Date Issued: -------	Date Orig. Entry: July 30, 1951
	Date of Birth: Age 31	Birth Place: Hexburg, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Old American Life Co.	Date Issued: Nov. 12, 1951	Date Orig. Entry: Nov. 12, 1951
	Date of Birth: [illegible] 30, 1951	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, and I substantiate the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Cox	July 11, [illegible]

FORM BR 5608

659-218-029-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-543

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Matilda Weinmann			2. Date Of Birth (month) (day) (year): April 18 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Ernest Henry Weinmann			7. State or Country of Father's Birth: Lansberg, Germany	
MOTHER	8. Full Maiden Name of Mother: Bertha Matilda Eück			9. State or Country of Mother's Birth: Berlin, Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bertha Matilda Weinmann Neal	11. Present Address of Registrant: 437 Spotswood St Moscow Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1962		12. Signature of Notary: Bessie Babcock County Auditor Latah County	13. Notary Commission expires: January 14 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Mar. 14, 1962	Date Orig. Entry: June 1, 1900
	Date of Birth / Age: Age: 1 month	Birth Place: Idaho	Full Name of Mother: Bertha [illegible]	Name of Father: Ernest H. Weinmen	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File #340260, Idaho	Date Issued: -----	Date Orig. Entry: child born July 2, 1923
	Date of Birth / Age: Age: 23	Birth Place: Moscow, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance Royal Neighbors of Amer.		By whom issued and signed: Leah V. Carlsenm District Deputy	Date Issued: Sept. 1943	Date Orig. Entry: September 29, 1943
	Date of Birth: April 18, 1900	Birth Place: Moscow, Idaho Latah County	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: July 16, 1962

FORM BH 56067

JUL 16 1962

DELAYED CERTIFICATE OF BIRTH

SEATS OF LEARNING

Division of Vital Statistics
Boise, Idaho

Date Filed: [illegible]

REGISTRANT

1. Registrant's Full Name at Birth: Bernhard Matilda Weinmann
2. Date of Birth (month) (day) (year): April 18 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Latah
6. City or Town of Birth: Moscow
7. State or Country of Father's Birth: Lansberg, Germany
8. State or Country of Mother's Birth: Berlin, Germany

FATHER

Full Name of Father: Ernest [illegible] Weinmann

MOTHER

Full Maiden Name of Mother: Bertha Matilda Mück

AFFIDAVIT

I hereby [illegible] that the above statements [illegible] to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

COUNTY (Seal)

Subscribed and sworn to before me on [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Record
By whom issued and signed: U.S. Bureau of the Census, Washington, D.C.
Date Issued: Mar. 14, 1962
Date Orig. Entry: June [illegible], 1900
Date of Birth: month
Place of Birth: Idaho
Bureau of Birth: Bertha Matilda
Name of Father: Ernest H. Weinmann

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: [illegible], Idaho
Date Issued: ---
Date Orig. Entry: Child born July 2, 1923
Date of Birth: [illegible]
Birth Place: Moscow, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: [illegible] Royal Signature of Amer.
By whom issued and signed: Jean V. Carlsen, District Deputy
Date Issued: Sept. 1942
Date Orig. Entry: September 29, 1943
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Office of Vital Statistics: [illegible]
Evidence reviewed by: [illegible]
Date Filed: July 16, 1962

155-127-033-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John G. Jensen			2. Date Of Birth (month) (day) (year): June 27th 1900
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: John F. Jensen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Ellen Amelia Thornton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John G. Jensen		11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 29th day of May 1962	12. Signature of Notary: I. Hamblin		13. Notary Commission expires: March 26, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance		By whom issued and signed: Pacific National Life Assurance Company	Date Issued: -----	Date Orig. Entry: July 21, 1932
	Date of Birth: June 27, 1900	Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date Issued: July 11, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: Ellen Jensen	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt, age: 72		By whom issued and signed: Elizabeth Jensen	Date Issued: July 14, 1962	Date Orig. Entry: ------
	Date of Birth: June 27, 1900	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Ellen Thornton Jensen	Name of Father: John F. Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: July 23, 1962

FORM BH 56067

JUL 23 1962

866-128-029-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHESTER ALBERT HOWELL			2. Date Of Birth (month) AUG. (day) 28 (year) 1900
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LATAH	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: ALBERT HOWELL			7. State or Country of Father's Birth: USA
MOTHER	8. Full Maiden Name of Mother: MARY SHARRAI			9. State or Country of Mother's Birth: USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester A Howell		11. Present Address of Registrant: 19 No. BERNARD SPOKANE, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 30 1962	12. Signature of Notary: R.D. Wyckoff		13. Notary Commission expires: AUG. 30, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, age:73	By whom issued and signed: Bertha S. Northrup	Date Issued: July 23, 1962	Date Orig. Entry: ----
	Date of Birth: Aug. 28, 1900 / Birth Place: Latah Co., Idaho	Full Name of Mother: Mary Sharrai	Name of Father: Albert Howell	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Geo. Larsen, for The Diamond Match Company	Date Issued: -----	Date Orig. Entry: Aug. 15, 1944
	Date of Birth: Aug. 28, 1900 / Birth Place: Moscow, Idaho	Full Name of Mother: Mary Cherry	Name of Father: Albert Howell	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge U.S. ARMY	By whom issued and signed: Wint Smith, Lieut. Colonel Field Artillery	Date Issued: Mar. 30, 1943	Date Orig. Entry: enlisted Oct. 19, 1942
	Date of Birth: Age: 42 / Birth Place: Latah Co., Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Bamon	Evidence reviewed by: Shirley Miller	Date Filed: August 2, 1962

FORM BH 56067

7-12-62 1 copy paid

AUG. 2 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race [illegible]	4. Place of Birth [illegible] County [illegible] Country or Town of Birth [illegible]
FATHER	5. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
MOTHER	6. Full Maiden Name of Mother [illegible]	8. State or Country of Mother's Birth [illegible]
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible] 11. Present Address of Registrant [illegible]
	Subscribed and sworn to before me on [illegible]	12. Signature of Notary [illegible] 13. Notary Commission expires [illegible]

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry ----
	Date of Birth [illegible]	Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]
SUPPORTING RECORD 2	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued ----	Date Orig. Entry Aug. 15, 1964
	Date of Birth [illegible]	Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]
SUPPORTING RECORD 3	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Birth Place [illegible]	Full Name of Mother ----	Name of Father ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which accountants the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	August 2, 1962

FORM [illegible] 2-12-62 1 copy paid

962-128-021-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James L. Robinson			2. Date Of Birth (month) (day) (year): November 28, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin(was Oneida)	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: George Robinson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Herd			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James L. Robinson		11. Present Address of Registrant: 279 N. 3rd East Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 30, 1962	12. Signature of Notary: Ted B. Larsen		13. Notary Commission expires: May 12, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church record Age: 72	By whom issued and signed: Webster C. Maughan, Bishop	Date Issued: Aug. 29, 1962	Date Orig. Entry: baptized Mar. 18, 1918	
	Date of Birth: Nov. 28, 1900	Birth Place: Franklin, Idaho	Full Name of Mother: Nellie Herd	Name of Father: George Robinson	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: --	Date Orig. Entry: Nov. 28, 1900	
	Date of Birth: Nov.28,1900	Birth Place: Franklin, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth	By whom issued and signed: Leo Peterson	Date Issued: Aug.21,1962	Date Orig. Entry: --	
	Date of Birth: Nov.28,1900	Birth Place: Oneida County Franklin, Idaho	Full Name of Mother: Nellie Herd Robinson	Name of Father: George Robinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Shirley Miller	Date Filed: August 30, 1962

FORM BH 56067

1 copy paid 7-18-62

AUG 31 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): November 2[illegible], 1900
	3. Color of Race: White	4. Sex: Male
	5. Place of Birth (Name of Hospital): [illegible] (was Oneida)	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	Notary Public: Here made oath that the foregoing statements are true to the best of his knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 270 N. 3rd East, Preston, Idaho
NOTARY	Subscribed and sworn to before me on: [illegible] 19 62	12. Signature of Notary: [illegible]
		13. Notary Commission expires: Mar 12, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Webster [illegible], Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Nellie [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: [illegible] for Insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: --	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: Dee Peterson	Date Issued: Aug. 21, 1962	Date Orig. Entry: --
	Date of Birth: [illegible]	Full Name of Mother: Nellie Nord Robinson	Name of Father: George Robinson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	August 29, 1962

FORM BH 5[illegible]

1 copy paid 2-18-62

142-201-007-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Permelia Justus			2. Date Of Birth (month) April (day) 1 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Soldier
FATHER	6. Full Name of Father: Charles Justus			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nancy Elizabeth Ballard			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Alta Permelia Justus		11. Present Address of Registrant: Box 83, Mountain Home, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 14 June 1962	12. Signature of Notary: Robert J. McGaugh		13. Notary Commission expires: Oct 28 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, 16 years older	By whom issued and signed: Irene M. Leek	Date issued: June 8, 1962	Date Orig. Entry: -------
	Date of Birth: April 1, 1900 / Birth Place: Soldier, Idaho	Full Name of Mother: Nancy Elizabeth Ballard	Name of Father: Charles Justus	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate.	By whom issued and signed: File No. 32731, Idaho	Date issued: Mar. 17, 1944	Date Orig. Entry: child born Mar. 30, 1921
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date issued: Sept. 4, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	September 12, 1962

FORM BH 56067

5-29-62

SEP 12 1962

413-228-022-786

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-691

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Henrietta Mackert Airhart
2. Date Of Birth (month) Sept (day) 28 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: St. Anthony; b. City or Town of Birth: Fremont
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: Franz Carl Mackert
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Christine Groh Mackert
9. State or Country of Mother's Birth: Chicago, Ill

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Henrietta Mackert
11. Present Address of Registrant: 645 W 1st N St. Anthony Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept 4 19 62

12. Signature of Notary: LaMonte Bauer
13. Notary Commission expires: Clerk of District Court 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	notarized photo copy of Bible record	LaMonte Bauer, Auditor & Recorder	Sept. 6, 1962	obviously old
	Date of Birth Sept. 28, 1900	**Birth Place** ---	**Full Name of Mother** Christine Groh Mackert	**Name of Father** Franz Carl Mackert
SUPPORTING RECORD 2.	statement regarding school census record	LaMonte Bauer, Clerk of District Court	Sept. 4, 1962	Sept. 1907
	Date of Birth Age: 7	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** Franz Carl Mackert
SUPPORTING RECORD 3.	own child's birth certificate	File #178186, Idaho	---	child born Dec. 20, 1929
	Date of Birth Age: 29	**Birth Place** St. Anthony, Idaho	**Full Name of Mother** ---	**Name of Father** ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Shirley Miller	September 12, 1962

FORM BH 56067 8-27-62

SEP 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Louise Henrietta Mackert Airhart	2. Date of Birth (month, day, year): Sept 28 1962
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth (Account): St. Anthony Fremont	6. Place of Birth (Account): St. Anthony Idaho
FATHER	4. Full Name of Father: Frank Carl Mackert	7. State or Country of Father's Birth: Germany
MOTHER	5. Full Maiden Name of Mother: Christine Grab Mackert	8. State or Country of Mother's Birth: Chicago, Ill
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	20. Signature of Registrant: [illegible]
		21. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 4 1962	22. Signature of Notary: [illegible]
		23. Notary Commission Expires: [illegible]

OFFICIAL — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of [illegible] record	By whom issued and signed: [illegible], Auditor & Recorder	Date Issued: Sept. 4, 1962	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census record	By whom issued and signed: [illegible], Clerk of District Court	Date Issued: Sept. 4, 1962	Date Orig. Entry: [illegible]
	Date of Birth: Age: 7	Birth Place: —	Full Name of Mother: —	Name of Father: Frank Carl Mackert
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #17[illegible], Idaho	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: Age: 29	Birth Place: St. Anthony, Idaho	Full Name of Mother: —	Name of Father: —
QUALIFIED INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: Shirley Miller	Date Filed: September 12, 1962	

FORM NO. [illegible]

857-213-041-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-696

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SARAH HEAPS
2. Date Of Birth: (month) June (day) 13 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Teton; b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: Thomas Levi Heaps
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ivy Ann Higgens
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Heaps
11. Present Address of Registrant: 257 Hillcrest, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Apr 5 1962 19___
12. Signature of Notary: [illegible]
13. Notary Commission expires: 2/10/1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by sister, Age: 72
By whom issued and signed: Sylvia May Hanni
Date Issued: June 6, 1962
Date Orig. Entry: ----
Date of Birth: June 13, 1900
Birth Place: Victor, Idaho
Full Name of Mother: Iva Ann Higgens Heaps
Name of Father: Thomas Levi Heaps

SUPPORTING RECORD 2.

Type of Document: own child's birth certificate
By whom issued and signed: File #312499, Idaho
Date Issued: ----
Date Orig. Entry: child born April 14, 1941
Date of Birth: Age: 40
Birth Place: Victor, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: application for insurance
By whom issued and signed: Pacific Benefit Life Assoc.
Date Issued: -----
Date Orig. Entry: Dec. 17, 1946
Date of Birth: June 12, 1900
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: September 12, 1962

FORM BH 56067

SEP 14 1982

363-116-030-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 708 De 62-708

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ashley Hicks Cochran
2. Date Of Birth: (month) May (day) 16 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: May

FATHER

6. Full Name of Father: Holiday Hicks Cochran
7. State or Country of Father's Birth: Maryland

MOTHER

8. Full Maiden Name of Mother: Lusina Wright Skiff
9. State or Country of Mother's Birth: New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ashley H. Cochran
11. Present Address of Registrant: 403 Franklin Street, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 11 1962

12. Signature of Notary: [illegible]
13. Notary Commission expires: Nov. 20, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding school record
By whom issued and signed: University of Idaho, School Registrar, D. D. DuSault
Date Issued: 3-2-56
Date Orig. Entry: Sept. 19, 1921
Date of Birth: May 16, 1900
Birth Place: May, Idaho Lemhi County
Full Name of Mother: Mrs. H. H. Cochran
Name of Father: ---------

SUPPORTING RECORD 2.

Type of Document: Bible Record
By whom issued and signed: Old Family bible viewed by Donald F. Nichols, Notary
Date Issued: 10-27-56
Date Orig. Entry: Obviously old
Date of Birth: May 16, 1900
Birth Place: -------
Full Name of Mother: -------- Lusina S. Cochran
Name of Father: Holiday H. Cochran

SUPPORTING RECORD 3.

Type of Document: age 77 Affidavit by cousin
By whom issued and signed: Hazel Morrow Shellworth
Date Issued: ------
Date Orig. Entry: Sept. 12, 1962
Date of Birth: May 16, 1900
Birth Place: May, Lemhi Co. Idaho
Full Name of Mother: Lusina Wright Skiff
Name of Father: Holiday Hicks Cochran

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Elaine Coy
Date Filed: September 19, 1962

FORM BH 56067

793-108-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-713

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reginald G. Gendenning Gillespie
2. Date Of Birth: (month) June (day) 8 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: James Gillespie
7. State or Country of Father's Birth: Scotland

MOTHER

8. Full Maiden Name of Mother: Hannah Jane Williams
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R. G. Gillespie
11. Present Address of Registrant: Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 14 1962
12. Signature of Notary: Neeph W. A. Parker
13. Notary Commission expires: August 6th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: Hugh A. Wright, Bishop
Date Issued: June 15 1940
Date Orig. Entry: August 1, 1908
Date of Birth: June 8, 1900
Birth Place: Rexburg, Idaho
Full Name of ~~XXXXXX~~ father: James Gillespie
Name of ~~XXXXXX~~ mother: Hannah Williams

SUPPORTING RECORD 2.

Type of Document: Family Record Book
By whom issued and signed: Old Family Record Book
Date Issued: -----
Date Orig. Entry: obviously old
Date of Birth: June 8, 1900
Birth Place: Rexburg, Idaho
Full Name of Mother: Hannah Jane Williams
Name of Father: James Gillespie

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: The Mutaul Benefit Life Ias
Date Issued: -----
Date Orig. Entry: April 4, 1931
Date of Birth: June 8, 1900
Birth Place: Rexburg, Idaho
Full Name of Mother: -----
Name of Father: --------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Elaine Coy
Date Filed: September 21, 1962

FORM BH 56067

SEP 21 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: De 62-713

REGISTRANT	1. Registrant's Full Name of Birth	2. Sex (Month)	(Year)
Person whose birth is being registered	3. Date of Place	4. Place of Birth	Date of Birth
	5. Place of Birth		Date of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Hugh A. Wright, Bishop	Date Issued: June 15, 1940	Date Orig. Entry: August 1, 1908
	Date of Birth: June 8, 1900	Full Name of Father: James Gillespie	Name of Mother: Hannah Williams	
SUPPORTING RECORD 2	Type of Document: Family Record Book	By whom issued and signed: Old Family Record Book	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: June 8, 1900	Birth Place: Rexburg, Idaho	Full Name of Mother: Hannah Jane Williams	Name of Father: James Gillespie
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Benefit Life Ins	Date Issued: ----	Date Orig. Entry: April 4, 1931
	Date of Birth: June 8, 1900	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Blaine Coy	September 21, 1962

415-215-022-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leatha Matilda Davis			2. Date Of Birth (month) Dec (day) 15 (year) 1900	
	3. Color or Race: white	4. Sex: f.	5. Place of Birth a. County: St. Anthony Fremont	b. City or Town of Birth: St. Anthony, Idaho	
FATHER	6. Full Name of Father: John Gould Davis			7. State or Country of Father's Birth: Spanish Fork Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Charlotte McDaniel			9. State or Country of Mother's Birth: Alpine Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leatha Matilda Davis		11. Present Address of Registrant: Rte # 2 Shelly Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 19 62	12. Signature of Notary: Fa Monte Dauer		13. Notary Commission expires: Jan 8 1963 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church certificate of membership	By whom issued and signed: Ella D. Jack, Custodian of membership records		Date Issued: Aug. 29, 1962	Date Orig. Entry: blessed Mar. 7, 1901
	Date of Birth: Dec. 15, 1900	Birth Place: Fremont County St. Anthony, Idaho	Full Name of Mother: Alice Charlotte McDaniel	Name of Father: John Gould Davis	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth Age: 72	By whom issued and signed: George E. Singleton		Date Issued: Sept. 22, 1962	Date Orig. Entry: --
	Date of Birth: Dec.15,1900	Birth Place: Fremont County St. Anthony, Idaho	Full Name of Mother: Alice Charlotte McDaniel	Name of Father: John Gould Davis	
SUPPORTING RECORD 3.	Type of Document: Patriarcal Blessing	By whom issued and signed: Henry W. Miller		Date Issued: ----	Date Orig. Entry: Jan. 24, 1928
	Date of Birth: Dec.15,1900	Birth Place: St. Anthony, Idaho	Full Name of Mother: Alice McDaniel	Name of Father: Gould Davis	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller		Date Filed: September 25,1962	

FORM BH 5606 (M) 8-22-62. Copy paid Lic. #15625.

SEP 26 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

795-110-006-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-776

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Burton Royal Prescott
2. Date Of Birth: (month) Sept (day) 10 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bingham
b. City or Town of Birth: Basalt

FATHER

6. Full Name of Father: James Levi Prescott
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Mary Passey
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Burton Royal Prescott
11. Present Address of Registrant: 1016 So 15th, Sunnyside, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: August 20 1962
12. Signature of Notary: Gordon Arnold
13. Notary Commission expires: August 10 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	L.D.S Church, Salt Lake City Utah	Sept. 10, 1962	Oct. 7, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 10, 1900	Bingham County Basalt, Idaho	Florence Passey	James L. Prescott

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination to Aaronic Priesthood	Geo. E. Hilliwell, Bishop	---	ordained Aug. 26, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 10, 1900	Bingham County Basalt, Idaho	Florence Passey	James Prescott

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother Age:72	Leslie J. Prescott	Oct. 15, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 10, 1900	Basalt, Idaho	Florence Mae Passey	James L. Prescott

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	sm Shirley Miller	October 25, 1962

FORM BH 56067

1 copy paid 7-20-62

OCT 25 1962

719-223-016-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Caroline Parish		2. Date Of Birth (month) July (day) 23 (year) 1900
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County Cassia Idaho; b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: Fredrick Walter Parish		7. State or Country of Father's Birth: Enesburg, England
MOTHER	8. Full Maiden Name of Mother: Nancy Henrietta Call		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Caroline Parish	11. Present Address of Registrant: Elba, Idaho
NOTARY (Seal) MY Comm. Ex. May 12.1966	Subscribed and sworn to before me on November 5 19 62	12. Signature of Notary: Norman H. Nelson	13. Notary Commission expires May 12 1966

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, 16 years older	By whom issued and signed: Ida Parish	Date Issued: Sept. 28, 1962	Date Orig. Entry: P-
	Date of Birth: July 23, 1900; Birth Place: Cassia County Elba, Idaho	Full Name of Mother: Nancy Call Parish	Name of Father: Walter Fredrick Parish	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: --	Date Orig. Entry: Aug.30,1935
	Date of Birth: July 23, 1900; Birth Place: Elba, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #102176, Idaho	Date Issued: --	Date Orig. Entry: child born June 30, 1922
	Date of Birth: Age: 21; Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: November 8,1962

FORM BH 56067

1 copy paid 9-6-62

NOV 8 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Inez Caroline Parish	2. Date of Birth (month) July (day) 23 [illegible]
	3. Date of Race: White 4. Sex: Female 5. Place of Birth: Idaho 6. County: Cassia	7. City or Town of Birth: Elba
FATHER	8. Full Name of Father: Frederick Walter Parish	9. State or Country of Father's Birth: Inesburg, England
MOTHER	10. Full Maiden Name of Mother: Nancy Henrietta Call	11. State or Country of Mother's Birth: Utah
APPLICANT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature] 11. Present Address of Registrant: Elba, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MY Comm. Exp. May 12 1966 November 5 19 62	12. Signature of Notary: [signature] 13. Notary Commission expires: May 12 1966

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Sept. 27, 1962	Date Orig. Entry: —
	Date of Birth: [illegible]	Full Name of Mother: Nancy Call Parish	Name of Father: Frederick Parish	
SUPPORTING RECORD 2	Type of Document: Applicant for Insurance	By whom issued and signed: [illegible] Life Insurance Co.	Date Issued: —	Date Orig. Entry: Aug. 30, 1962
	Date of Birth: July 23, 1962 Birth Place: Idaho, Utah	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the foregoing abstract.

Date of Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	November 9, 1962

Copy paid 9-6-62

753-121-016-861

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-817

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Basil Pettingill			2. Date Of Birth (month) Sept. (day) 21 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho - Cassia	b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: John Cristopher Pettingill			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes D. Hoagland			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Basil Pettingill		11. Present Address of Registrant: Elba, Idaho
NOTARY (Seal) My Comm. Ex. May 12, 1966	Subscribed and sworn to before me on: November 5 19 62	12. Signature of Notary: Norman B Nielson		13. Notary Commission expires: May 12 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, 14 years older	By whom issued and signed: Ellen Beecher	Date Issued: Sept. 29, 1962	Date Orig. Entry: --
	Date of Birth: Sept. 21, 1900 / Birth Place: Cassia County Elba, Idaho	Full Name of Mother: Agnes D. Hoagland Pettingill	Name of Father: John Christopher Pettingill	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ----	Date Orig. Entry: Aug. 30, 1935
	Date of Birth: Sept. 21, 1900 / Birth Place: Elba, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #102176, Idaho	Date Issued: ----	Date Orig. Entry: child born June 20, 1922
	Date of Birth: Age: 21 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	November 8, 1962

FORM BH 56067

9-6-62 1 copy paid

NOV 8 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

Space File No. [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: John Basil Pettingill	2. Date of Birth: Sept. 21, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho - Cassia
	6. Birth Place: Idaho		7. Town of Birth: Elba
FATHER	8. Full Name of Father: John Cristopher Pettingill		9. State or Country of Father's Birth: Utah
MOTHER	10. Full Name of Mother: Agnes D. Hoagland		11. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Elba, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 5, 19 62	14. Signature of Notary: [illegible]	15. Notary Commission expires: May 12, 1966

My Comm. Ex. May 12, 1966

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by aunt, 19 years older	By whom issued and signed: Ellen Beaver	Date Issued: Sept. 20, 1962	Date Orig. Entry: —
	Date of Birth: Sept. 21, 1900	Birth Place: Elba, Idaho	Full Name of Mother: Agnes D. Hoagland	Name of Father: John Cristopher Pettingill
SUPPORTING RECORD 2	Type of Document: Certificate	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: Sept. 20, 1962
	Date of Birth: Sept. 21, 1900	Birth Place: Elba, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Com. of Birth Certificate	By whom issued and signed: File #[illegible], Idaho	Date Issued: —	Date Orig. Entry: Sept. 20, 1962
	Date of Birth: Sept. 21, 1900	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Statement	Evidence reviewed by	Date Filed
[signature]	[illegible]	November 8, 1962

FORM NO. 56067

9-6-62 1 copy paid

754-210-036-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-881

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Josie N. Geddes
2. Date Of Birth (month) (day) (year): March 10, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Idaho — Oneida
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Joseph S. Geddes
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER

8. Full Maiden Name of Mother: Isabell D. Neeley
9. State or Country of Mother's Birth: Brigham City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Josie D Nielsen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: November 28 19 62

12. Signature of Notary: DONELLA J. SMITH — Donella J. Smith
13. Notary Commission expires: Los Angeles County, Calif. My Commission Expires July 5, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by sister, Age: 79	Pearl Geddes Eames	Nov. 23, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 10, 1900	Preston, Idaho	Isabell D. Neeley Geddes	Joseph S. Geddes

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Ella D. Jack, Custodian of Church Membership Records	Dec. 17, 1948	baptized Mar. 10, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 10, 1900	Oneida County Preston, Idaho	Isabell D. Neeley	Joseph S. Geddes

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of college transcript	A. L. Beecher, Acting Registrar; Utah State Agricultural College	--	1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 10, 1900	--	----	J. S. Geddes

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	December 3, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 1962

Mulcan

446-225-001-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-907

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lola May Duffy
2. Date of Birth (month) (day) (year): September 25, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Brannock Theodore Duffy
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Ora May Calhoun
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lola Achenbach
11. Present Address of Registrant: Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 2 1962
12. Signature of Notary: Frederick Hughes Smith
13. Notary Commission expires: September 21 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	File # 182376, Idaho	Nov.28,1962	child born June 3, 1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 29 / Idaho	---	---	
SUPPORTING RECORD 2.	affidavit by aunt; age: 77	Lula Lough	Oct.30,1962	-----
	Sept. 25, 1900 / Boise, Idaho	Ora May Duffy	Brannock Theodore Duffy	
SUPPORTING RECORD 3.	statement regarding hospital record; Steele Memorial Hospital; Salmon, Idaho:	Gerald J. Butler, Administrator	Nov.1,1962	Oct. 19, 1950
	Sept. 25, 1900 / Boise, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Shirley Miller
Date Filed: December 12, 1962

FORM BH 56067

1 copy paid 10-23-62

DEC 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lila Mae Duffy	2. Date of Birth (month) (day) (year): September 25, 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth (County): Ada	6. City or Town of Birth: Boise
FATHER	7. Full Name of Father: Brannock Theodore Duffy	8. State or Country of Father's Birth: United States
MOTHER	9. Full Maiden Name of Mother: Ora May Calhoun	10. State or Country of Mother's Birth: Texas
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
	12. Signature of Notary: [illegible]	13. Present Address of Registrant: Salmon, Idaho
	Subscribed and sworn to before me on: November 2 19 62	14. Notary Commission Expires: September 21 1963

APPLICANT — DO NOT WRITE ONLY THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. 26, 1962	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Boise, Idaho	Full Name of Mother: [illegible]	Name of Father: Brannock Theodore Duffy
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. 1, [illegible]	Date Orig. Entry: Oct. [illegible]
	Date of Birth: [illegible]	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING PROFESSION				

SUPPORTING CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	[illegible]	[illegible]

FORM No. [illegible]

1 copy paid 10-23-62

269-227.003-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: La Von Marie Sorrells		2. Date Of Birth (month) June (day) 27 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles Agustus Sorrells		7. State or Country of Father's Birth: Pratt, Kansas
MOTHER	8. Full Maiden Name of Mother: Julia Ellan O'Conner		9. State or Country of Mother's Birth: Sedalia, Mo
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lalva M. Sarrum Gofford	11. Present Address of Registrant: 215 Pennsylvania, El Paso
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 5 1962	12. Signature of Notary: Wanda Pruitt	13. Notary Commission expires: 6-1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U. S. Census Record	By whom issued and signed: U.S.Dept. of Commerce Washington D.C.	Date issued: Oct 11, 1962	Date Orig. Entry: Census of Jan 1, 1920
	Date of Birth: Age 19; Birth Place: Idaho	Full Name of Mother: Julia E. Sorrells	Name of Father: Charles A. Sorrells	
SUPPORTING RECORD 2.	Type of Document: copy of Certificate of Baptism	By whom issued and signed: St. Joseph's Church Pocatello, Idaho	Date issued: ---	Date Orig. Entry: Baptized Aug 19, 1900
	Date of Birth: June 27, 1900; Birth Place: -----	Full Name of Mother: Julia O*Connor	Name of Father: Chas. August Sorrell	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Registration of Births	By whom issued and signed: Register of Deeds State of Wisconsin	Date issued: Dec 24, 1962	Date Orig. Entry: child born Aug 3, 1923
	Date of Birth: Age 23; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	1-4-63

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Le Von Marie Forrells		
[illegible]		
Charles [illegible] Forrells		Pratt, Kansas
Julia [illegible] McConner		Redmile
U. S. Census Record	U. S. Dept. of Commerce Washington, D. C.	
Age 19 Idaho	Julia E. Forrells	Charles A. Forrells
copy of Certificate of Baptism	St. Joseph's Church Pocatello, Idaho	---
June [illegible] -----	Julia McConner	Chas. August Forrell
Certified copy of Registration of Births	Registrar of Births State of Wisconsin	Age 24 1902 Child born Aug 7, 1902
Age 23 Idaho	---	---

619-224-033-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Edenia Ward			2. Date of Birth (month) April (day) 24 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Madison (formerly Fremont)	b. City or Town of Birth: Hibbard Precinct
FATHER	6. Full Name of Father: Charles Heber Ward			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Knapp			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Edenia Ward		11. Present Address of Registrant: Newdale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 7, 1962	12. Signature of Notary: Ray W. Rigby		13. Notary Commission expires: January 26, 1963.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 163700, Idaho	Date Issued: ----	Date Orig. Entry: child born May 12, 1928
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mabel Knapp Ward	Date Issued: Nov. 7, 1962	Date Orig. Entry: ----
	Date of Birth: April 24, 1900	Birth Place: Fremont County Hibbard Precinct, Ida.	Full Name of Mother: Mabel Knapp Ward	Name of Father: Charles Heber Ward
SUPPORTING RECORD 3.	Type of Document: statement regarding school census records	By whom issued and signed: La Monte Bauer, Clerk of District Court	Date Issued: Sept. 20, 1962	Date Orig. Entry: 1907 (fall)
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: Heber Ward
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: January 22, 1963

FORM BH 56067

9-19-62

JAN 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Vital Statistics

State File No. [illegible]

REGISTRANT (Registrant's State is being registered)	1. Registrant's Full Name of Birth: Emma Edenia Ward	2. Date of Birth (Month) April (day) 24 (Year) 1960
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Madison (formerly Fremont)	6. City or Town of Birth: Hibbard Precinct
FATHER	6. Full Name of Father: Charles Heber Ward	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Knapp	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant
		11. Present Address of Registrant: Newdale, Idaho
NOTARY (seal)	Subscribed and sworn to before me on November 7 19 62	12. Signature of Notary
		13. Notary Commission expires: January 26 19 63.

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Own childs birth certificate	By whom issued and signed: [illegible] No. [illegible], Idaho	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible] mother	By whom issued and signed: Mabel Knapp Ward	Date Issued: Nov. 7, 1962	Date Orig. Entry: ----
	Date of Birth: [illegible] Birth Place: [illegible] Fremont County [illegible] Hibbard Precinct, Ida.	Full Name of Mother: Mabel Knapp Ward	Name of Father: Charles Heber Ward	
SUPPORTING RECORD 3	Type of Document: [illegible] Schools [illegible] records	By whom issued and signed: [illegible] Clerk of District Court	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: ----	Full Name of Mother: ----	Name of Father: Heber Ward	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	January 22, 1963

FORM BR 50067

9-19-62

318-119-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Layland			2. Date Of Birth (month) July (day) 19 (year) 1900
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Raymond
FATHER	6. Full Name of Father: LeRoy Layland			7. State or Country of Father's Birth: Missouri, USA
MOTHER	8. Full Maiden Name of Mother: Liza Kunzler			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Layland		11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1963	12. Signature of Notary: Wallace M Frantum		13. Notary Commission expires: 8-28 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding life insurance application	By whom issued and signed: Beneficial Life Insurance Company		Date Issued: Dec. 14, 1962	Date Orig. Entry: Jan. 18, 1938
	Date of Birth: July 19, 1900	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: statement regarding registration for Selective Service	By whom issued and signed: Annabel R. Woodmore, Chief Administrative Division		Date Issued: Dec. 10, 1962	Date Orig. Entry: Feb. 16, 1942
	Date of Birth: July 9, 1900	Birth Place: Raymond, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth; age-72	By whom issued and signed: Stanley Huff		Date Issued: Jan. 23, 1963	Date Orig. Entry: ---
	Date of Birth: July 19, 1900	Birth Place: Bear Lake County Raymond, Idaho	Full Name of Mother: Liza Kunzler Layland	Name of Father: LeRoy Layland	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 4, 1963

FORM BH 56067

4-19-62 1 copy paid

FEB 5 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

381-226-036-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-093

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Flossie C Chatterton
2. Date Of Birth (month) (day) (year): Nov 26 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Oneida (now Franklin) b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: Aaron James Chatterson
7. State or Country of Father's Birth: Franklin, Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Jensen
9. State or Country of Mother's Birth: Weston, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Flossie C Chatterton (Mrs.)
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: ~~Jan~~ Jan. 19th 1963
12. Signature of Notary: Fonii B. Jordan
13. Notary Commission expires: May 10th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: Frank E. Woodward, Bishop
Date Issued: ------
Date Orig. Entry: blessed Jan. 6, 1901
Date of Birth: Nov. 26, 1900
Birth Place: Oneida County Franklin, Idaho
Full Name of Mother: Sarah Jensen
Name of Father: Aaron J. Chatterton

SUPPORTING RECORD 2.

Type of Document: Marriage License
By whom issued and signed: State File No. 52-28897, Idaho
Date Issued: ----
Date Orig. Entry: May 28, 1952
Date of Birth: Age: 51
Birth Place: Franklin, Idaho
Full Name of Mother: ----
Name of Father: ------

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: File #220250
Date Issued: ----
Date Orig. Entry: child born Mar. 23, 1934
Date of Birth: Age: 34
Birth Place: Franklin, Idaho
Full Name of Mother: ------
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Shirley Miller
Date Filed: February 5, 1963

FORM BH 56067 1-18-63. nm

FEB 6 1963

547-101-044-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-09[illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil G Edgar			2. Date Of Birth (month) Aug. (day) 1 (year) 1900	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Salubria Wash	b. City or Town of Birth: Salubria	
FATHER	6. Full Name of Father: John W Edgar			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Agnes V Edgar			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil G Edgar		11. Present Address of Registrant: 1189 E Grand Pomona Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1963	12. Signature of Notary: Maxi C. Green		13. Notary Commission expires: Aug 10, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance	By whom issued and signed: Missouri State Life Insurance Company		Date Issued: ---	Date Orig. Entry: Mar. 13, 1925
	Date of Birth: Aug.1,1900	Birth Place: Salubria, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of page from Family Bible	By whom issued and signed: Maxi C. Green, Notary Public		Date Issued: Jan. 29,1963	Date Orig. Entry: obviously old
	Date of Birth: Aug.1,1900	Birth Place: Washington County Salubria, Idaho	Full Name of Mother: Agnes Viola Romick	Name of Father: John W. Edgar	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: County of Los Angeles, State of California		Date Issued: -----	Date Orig. Entry: July 31, 1922
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	February 1, 1963

FORM BH 56067

FEB 6 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

213-201-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hallie Bacon			2. Date Of Birth (month) Nov. (day) 1st (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise, Ida. Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: George Wallace Bacon			7. State or Country of Father's Birth: Boise, Idaho
MOTHER	8. Full Maiden Name of Mother: Sadie Edna McClellan (Elizabeth)			9. State or Country of Mother's Birth: some place in Ida.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Hallie Fliegel		11. Present Address of Registrant: 748 SW 3rd St Ontario, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 31 19 57	12. Signature of Notary: Earl Stanley		13. Notary Commission expires: Jan 2 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #71545	Date Issued:	Date Orig. Entry: child born July 11, 1919
	Date of Birth: age 18	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Aug.10,1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Hall-----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.		By whom issued and signed: U. S. Treasury Department	Date Issued: ----	Date Orig. Entry: May 31, 1944
	Date of Birth: Nov.1,1900	Birth Place: Ada, County Boise, Idaho	Full Name of Mother: Elizabeth McClellan	Name of Father: George Bacon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: nr sm Shirley Miller	Date Filed: February 7, 1963

FORM BH 56067

Fliegel

FEB 13 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CERTIFICATE	1. Registrar's Full Name at Birth	2. Date of Birth	
The son whose birth is being registered	3. Date of Birth	4. Sex	5. Place of Birth
	6. Place of Birth	7. State or Country of Father's Birth	
FATHER	8. Full Name of Father	9. State or Country of Father's Birth	
MOTHER	10. Full Name of Mother	11. State or Country of Mother's Birth	
AFFIDAVIT	12. Signature of Registrant	13. Present Address	
	14. Signature of Notary	15. Notary Commission Expires	
SOLARY (Seal)			

APPLICATION FOR NOTARIZED COPY OF BIRTH

SUPPORTING DOCUMENT	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Our Child's Birth Certificate	Lemon Fritsch		July 11, 1949
	age 18	Weiss, Idaho		
SUPPORTING DOCUMENT	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
		U.S. Department of the Interior Washington, D.C.	Apr. 10, 1962	Jan. 1, 1949
	Date of Birth	Full Name of Mother	Name of Father	
	Aug. 20			
SUPPORTING DOCUMENT	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
		U.S. Treasury Department		May 31, 1961
	Date of Birth	Full Name of Mother	Name of Father	
	Nov. 7, 1960		George Bacon	

QUALIFYING INFORMATION

REVISED CERTIFICATE

I hereby certify that an order of the Supreme Court has been found in the Division of Vital Statistics for this [illegible] that the facts as set forth in the following [illegible]

State Registrar	Evidence Reviewed by	Date Filed
	Sherry Miller	February 7, 1963

413-225-022-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #De63-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Ann Mallory			2. Date of Birth (month) (day) (year): October 25, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Lamuel Mallory			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Deliah Nelson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Ann Mallory (German)		11. Present Address of Registrant: 1415 No- 15th
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth NW States Mission, Lima Branch	By whom issued and signed: L.D.S. Church Salt Lake City, Utah		Date Issued: February 7, 1963	Date Orig. Entry: May 8, 1909
	Date of Birth: October 25, 1900	Birth Place: Fremont County Idaho Falls, Idaho	Full Name of Mother: Ann Delila Nelson	Name of Father: Lem Mallory	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: St. Joseph's Church, Pocatello, Ida. N.V. Hughes, Chancellor		Date Issued: Feb. 6, 1963	Date Orig. Entry: Baptized Dec. 31, 1924
	Date of Birth: October 25, 1900	Birth Place: ----	Full Name of ~~Mother~~ Father: Lamuel Mallory	Name of ~~Father~~ Mother: Deliah Nelson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #135191		Date Issued: -----	Date Orig. Entry: Child born Sept. 12, 1925
	Date of Birth: Age 24	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	February 11, 1963

FORM BH 56067

FEB 11 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]-110

REGISTRAR	1. Registrant's Full Name of Birth: Harriette Ann Mallory	2. Date of Birth (month) (day) (year): October 25, 1900
	3. Color of Race: White; 4. Sex: Female; 5. Place of Birth: Fremont; 6. County:	7. City or Town of Birth: Idaho Falls, Idaho
FATHER	8. Full Name of Father: Lamuel Mallory	9. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Delilah Nelson	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	1. Mother's Maiden Name of Mother: [illegible]	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Church certificate of birth, Lima Branch	By whom Issued and Signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: February 7, 1963; Date Orig. Entry: May 6, 1929
	Date of Birth: October 25, 1900; Birth Place: Fremont County, Idaho Falls, Idaho	Full Name of Mother: Ann Delilla Nelson	Name of Father: Lem Mallory
SUPPORTING RECORD 2	Type of Document: Church Record	By whom Issued and Signed: Mt. Joseph's Church, Pocatello, Ida. N.V. Hughes, Chancellor	Date Issued: Feb. 6, 1963; Date Orig. Entry: Baptized Dec. 31, 1924
	Date of Birth: October 25, 1900; Birth Place: ----	Full Name of Father: Lamuel Mallory	Name of Mother: Delilah Nelson
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom Issued and Signed: On file Idaho, File #135191	Date Issued: ----- ; Date Orig. Entry: Child born Sept. 12, 1925
	Date of Birth: Age 24; Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------	Name of Father: -------

SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	February 11, 1963

FORM EH 50087

363-126-010 - 483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-172

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Oscar Coles
2. Date of Birth (month) (day) (year): December 26, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Milo, Bonneville County, Idaho

FATHER

6. Full Name of Father: James Arden Coles
7. State or Country of Father's Birth: Cedar City, Utah, USA

MOTHER

8. Full Maiden Name of Mother: Caroline Matilda Myler
9. State or Country of Mother's Birth: Clarkston, Utah, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Oscar Coles
11. Present Address of Registrant: 540 E. 12th St. Idaho Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: December 21 1962
12. Signature of Notary: Emmett E. Talley
13. Notary Commission expires: June 7 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photo copy of application for insurance	Beneficial Life Insurance Company	---	Dec. 12, 1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.26,1900 / Milo, Idaho	----	----	
SUPPORTING RECORD 2.	affidavit by uncle, Age: 78	Hans Benjamin Myler	Jan. 25, 1963	---
	Dec.26,1900 / Bonneville County Milo, Idaho	Caroline Matilda Myler Coles	James Arden Coles	
SUPPORTING RECORD 3.	statement regarding church records L.D.S. Church	Gordon E. Birch, Ward Clerk	Feb.8,1963	baptized July 1, 1911
	Dec.26,1900 / Bonneville County Milo, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: sm sm Shirley Miller
Date Filed: March 5, 1963

FORM BH 56067

MAR 6 1969

434-110-006-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-216

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Keith Stanley McMullin
2. Date Of Birth: March 10 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho Falls, Bingham(Bonneville) b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Eli Glover McMullin
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Phoebe Ann Angell
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Keith Stanley McMullin
11. Present Address of Registrant: 1146 West Gem, Moses Lake, Was

NOTARY (Seal)

Subscribed and sworn to before me on: February 23 1963
12. Signature of Notary: J.R. Mitchell
13. Notary Commission expires: January 21 1967

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photo copy of application for insurance	Western States Life Insurance Company	-----	Oct. 26, 1939
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Mar.10,1900	Idaho	-----	-----
SUPPORTING RECORD 2.	own child's hospital birth certificate (photo copy)	Sacred Heart Hospital, Havre, Montana	-----	child born April 19, 1940
	Mar.10,1900	Idaho Falls, Idaho	-----	-----
SUPPORTING RECORD 3.	notarized photo copy of page from Family Bible	J.R. Mitchell, Notary Public	J----	obviously old
	Mar.10,1900	-----	Phebe A. McMullin	Eli G. McMullin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: March 15, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF UTAH

MAR 15 1963

819-110-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-231

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Clyde Ca rlin Hart			2. Date of Birth (month) (day) (year): March 10 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Louis Oscar Hart			7. State or Country of Father's Birth: Scottville, Illinois
MOTHER	8. Full Maiden Name of Mother: Clara Amarille Lowry			9. State or Country of Mother's Birth: Carlinville, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clyde Ca. Hart	11. Present Address of Registrant: 634 N. Noble st Kirden Ill
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1963		12. Signature of Notary: Velma L. Smith	13. Notary Commission expires: Sept 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photo copy of page from Family Bible	By whom issued and signed: J.L. MacPherson, Notary Public	Date Issued: Feb.2,1963	Date Orig. Entry: obviously old
	Date of Birth: Mar.10,1900 / Birth Place: Stites, Idaho	Full Name of Mother: Clara Amarille Lowry	Name of Father: Louis Oscar Hart	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, born 1879	By whom issued and signed: Sarah E. Hart	Date Issued: December 13, 1962	Date Orig. Entry:
	Date of Birth: Mar. 10,1900 / Birth Place: ----	Full Name of Mother: Clara Amy Lowry	Name of Father: Louis Oscar Hart	
SUPPORTING RECORD 3.	Type of Document: Soldier's Ervice and Pay Book;	By whom issued and signed: Agnes Moore, 2nd Lieut. Canadian Army	Date Issued: ---	Date Orig. Entry: April 15, 1943
	Date of Birth: Mar.10,1900 / Birth Place: U.S.A. Stites, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	March 22, 1963

FORM BH 56067

MAR 25 1968

JUN 12 1967

319-129-001-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-247
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raymond Duet Cary
2. Date of Birth (month) (day) (year): April 29 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: James Hamilton Cary
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Alice Ann Christian
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond Duet Cary
11. Present Address of Registrant: Arlee, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 29 1962
12. Signature of Notary: Robert Brennan
13. Notary Commission expires: June 17 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notorized photo copy of page from family Bible	Mildred E. Storie, Notary Public	---	1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 29, 1900	Boise, Idaho	-----	-----

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U. S. Bureau of the Census Washington, D.C.	Nov. 23, 1962	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1 month	Idaho	Alice Gary	James H. Cary

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of Marriage License	Ethel M. Harding, Deputy Clerk	Mar. 7, 1963	May 28, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	Ada County Boise, Idaho	Alice Christian	James H. Cary

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	March 28, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 28 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Raymond Duet Gary			2. Date of Birth (month) April (day) 29 1900	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Home	Subject: Adm	Cty or Town of Birth: Boise
FATHER	6. Full Name of Father: James Hamilton Gary			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Alice Ann Christian			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	9. Sworn declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant: Arlee, Montana	
	11. Subscribed and sworn to before me on		12. Signature of Notary	13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Authorized photo copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig.: 1918
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]			
SUPPORTING RECORD 2	Type of Document: Census Record	By whom issued and signed: [illegible]	Date Issued: Nov. 23, 1920	Date Orig.: June 1, [illegible]
	Date of Birth / Birth Place	Full Name of Mother: Alice [illegible]	Name of Father: [illegible]	
Class	[illegible]			
SUPPORTING RECORD 3	Type of Document: Certified copy of Marriage License	By whom issued and signed: Ethel W. Hartley, Deputy Clerk	Date Issued: Nov. [illegible], 1923	Date Orig.: May 28, [illegible]
	Date of Birth / Birth Place	Full Name of Mother: Alice Christian	Name of Father: James H. Gary	
Class	Aug. 29 / Boise, Idaho			
SUPPORTING RECORD 4				

CERTIFICATE (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	March 28, [illegible]

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

866-121-025-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-258

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dwight Edward Howell
2. Date Of Birth (month) (day) (year): January 21 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: David Elster Howell
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Precious Rhoads
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dwight Edward Howell
11. Present Address of Registrant: 2475 S.W. 84th Ave., Portland, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: March 20 1963
12. Signature of Notary: Mildred E Harlow
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Nov. 26, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of Honorable Discharge from U.S. Army	By whom issued and signed: R.M. Martin, Major Infantry	Date Issued: ----	Date Orig. Entry: enlisted April 24, 1917
	Date of Birth: Age: 17 / Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, Age: 75	By whom issued and signed: Alice Rhoads Hill	Date Issued: March 11, 1963	Date Orig. Entry:
	Date of Birth: Jan.21,1900 / Birth Place: Idaho County Cottonwood, Idaho	Full Name of Mother: Precious Rhoads	Name of Father: David Elster Howell	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Oregon Mutual Life Insurance Company	Date Issued: ----	Date Orig. Entry: Sept. 26, 1940
	Date of Birth: Jan.21,1900 / Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	sm Shirley Miller	April 2, 1963

FORM BH 56067

APR 2 1963

619-113-016-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Tuttle Warr			2. Date Of Birth (month) (day) (year): March 13, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County (mailing address Oakley): Cassia	b. City or Town of Birth: Marion	
FATHER	6. Full Name of Father: William Warr			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Gertrude Isobell Tuttle			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Warr		11. Present Address of Registrant: Oakley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 16th 1963	12. Signature of Notary: Wallace A Hale		13. Notary Commission expires: May 20th 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as Deacon	By whom issued and signed: LDS Church, Marion, Idaho Eugene Pickett, Clerk	Date Issued: ----	Date Orig. Entry: ordained March 18, 1912	
	Date of Birth: Mar.13,1900	Birth Place: Cassia County Marion, Idaho	Full Name of Mother: Gerturde Tuttle	Name of Father: William Warr	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as Teacher	By whom issued and signed: LDS Church, Marion, Idaho Eugene Pickett, Clerk	Date Issued: ----	Date Orig. Entry: ordained June 12, 1916	
	Date of Birth: Mar.13,1900	Birth Place: Cassia County Marion, Idaho	Full Name of Mother: Gertrude Tuttle	Name of Father: William Warr	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for Life insurance Company	By whom issued and signed: Mutual Life Insurance Company	Date Issued: ----	Date Orig. Entry: Oct.14, 1940	
	Date of Birth: Mar.13,1900	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: April 19, 1963

FORM BH 56067

APR 19 1963

141-221-044-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Bertha Adams			2. Date Of Birth (month) (day) (year): November 21, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cray Creek
FATHER	6. Full Name of Father: James Wesley Adams			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Maude Adams			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Bertha Adams		11. Present Address of Registrant: 1420 N. 19-S Boise
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1963	12. Signature of Notary: Allene Bowers		13. Notary Commission expires: Oct. 18 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by Children's Home Society of Idaho	By whom issued and signed: Children's Home Society of Idaho	Date Issued: ---	Date Orig. Entry: April 8, 1963
	Date of Birth: November 21, 1900 / Birth Place: Cray Creek, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt, Age 83	By whom issued and signed: Minnie Adams Shockley	Date Issued: ----	Date Orig. Entry: April 15, 1963
	Date of Birth: November 21, 1900 / Birth Place: Cray Creek, Idaho Washington County	Full Name of Mother: Anna Maude Adams	Name of Father: James Wesley Adams	
SUPPORTING RECORD 3.	Type of Document: License Certified copy of Marriage	By whom issued and signed: Marie McCallister, Deputy	Date Issued: May 14, 1963	Date Orig. Entry: April 21, 1917
	Date of Birth: Age 16 / Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm bm Betty Morris	May 14, 1963

FORM BH 56067

MAY 14 1963

SEP 1 1966

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Name of Person — Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): November 21, 1960
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Washington	6. City or Town of Birth: Cray Creek
FATHER	6. Full Name of Father: James Wesley Adams	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Name of Mother: Anna Maude Adams	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	1. Carrier declare upon oath that the [illegible] statements are true to the [illegible] knowledge and belief.	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: [illegible]
NOTARY	14. Sworn and sworn to before me on [illegible]	15. Signature of Notary: [illegible]
		16. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by Children's Home Society of Idaho	Children's Home Society of Idaho	---	April 5, 1963
Date of Birth: November 21, 1960	Full Name of Mother: -----	Name of Father: -----	
Birth Place: Cray Creek, Idaho			

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt, Age 53	Minnie Adams Stockley	----	April 15, 1963
Date of Birth: November 21, 1960	Full Name of Mother: Anna Maude Adams	Name of Father: James Wesley Adams	
Birth Place: Cray Creek, Idaho			

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Marriage License	Marie McCallister, Deputy	May 14, 1963	April 21, 1917
Date of Birth: Age 16	Full Name of Mother: -----	Name of Father: -----	
Birth Place: ----			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Lenson	Mrs. Betty Harris	May 14, 1963

389-201-006-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-369

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Ruth Annie Christenson
2. Date Of Birth (month) (day) (year): March 1 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth, a. County: Basalt, Bingham
b. City or Town of Birth: Basalt, Idaho

FATHER

6. Full Name of Father: Lars Severin Christenson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Annie Matilda Atkinson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth C Dye
11. Present Address of Registrant: Firth, Rt 1, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 12, 1963
12. Signature of Notary: Lenna McCracken
13. Notary Commission expires: April 1 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho State File #158422	-----	child born Dec. 26, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Basalt, Idaho	------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend at time of birth /	Mrs. Marie Jensen Age: 95	May 12,	1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 1, 1900	Bingham County Basalt, Idaho	Annie Matilda Atkinson	Lars Severin Christenson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school census reports	Elna Marlow, Deputy Clerk	Mar. 20, 1963	1907-1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	-----	Matilda Christensen	L. S. Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	May 14, 1963

FORM BH 56067

MAY 15 1963

749-106-036-662

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-449
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Alfonso Purnell
2. Date Of Birth (month) July (day) 6 (year) 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida (now Franklin Co.)
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Ernest Alfreda Purnell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Foster
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest Alfonso Purnell
11. Present Address of Registrant: Somerset, Colorado

NOTARY (Seal)

Subscribed and sworn to before me on June 12 1963

12. Signature of Notary: Ethel K. Hood
13. Notary Commission expires: May 2 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Certificate of Ordination to the Office of DEACON	Lorenzo Johnson, Bishop	----	ordained Jan. 27, 1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 6, 1900 / Preston, Idaho	Alice Foster	Ernest Purnell	
SUPPORTING RECORD 2. Class	Certified copy of application for a marriage licensen	Iver L. Larsen, Clerk	June 3, 1963	May 2, 1923
	July 6, 1900 / Preston, Idaho	Alice Foster	Ernest A. Purnell	
SUPPORTING RECORD 3. Class	L.D.S. Church Record	Ella D. Jack, Custodian of Church Membership Records	June 3, 1963	blessed Sept. 30, 1900
	July 6, 1900 / Preston, Idaho	Alice Foster	Ernest A. Purnell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bean	Shirley Miller	June 25, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 25 1963
NOV 06 2017

Public Health
Vital Statistics
Boise, Idaho

1. Registrant's Full Name at Birth: Ernest Alfonso Purnell	2. Date of Birth (month) (day) (year): July 5 1900
3. Color of Race: White; 4. Sex: Male; 5. Place of Birth: Oneida (now Franklin Co.); 6. County:	6. City or Town of Birth: Preston
6. Full Name of Father: Ernest Alfreda Purnell	7. State or Country of Father's Birth: Utah
8. Full Maiden Name of Mother: Alice Foster	9. State or Country of Mother's Birth: Utah
10. Signature of Registrant:	11. Present Address of Registrant: Somerset, Colorado
12. Signature of Notary:	13. Notary Commission expires: May 2 1965

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY SEAL: Sworn and sworn to before me on June 12 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Ordination to the Office of [illegible]	By whom issued and signed: Lorenzo Johnson, Bishop	Date issued: ----	Date Orig. Entry: Ordained Jan. 27, 1913
Class:	Date of Birth: July 5, 1900; Birth Place: Preston, Idaho	Full Name of Mother: Alice Foster	Name of Father: Ernest Purnell	
SUPPORTING RECORD 2	Type of Document: Certified Copy of Application	By whom issued and signed: [illegible]	Date issued: June 2, 1963	Date Orig. Entry: May 2, 1923
Class:	Date of Birth: July 5, 1900; Birth Place: Preston, Idaho	Full Name of Mother: Alice Foster	Name of Father: Ernest A. Purnell	
SUPPORTING RECORD 3	Type of Document: U.S. Church Record	By whom issued and signed: Ella D. Jack, Secretary of Church Membership Records	Date issued: June 3, 1963	Date Orig. Entry: Dressed Sept. 4, 1900
Class:	Date of Birth: July 5, 1900; Birth Place: Preston, Idaho	Full Name of Mother: Alice Foster	Name of Father: Ernest A. Purnell	

QUALIFYING INFORMATION

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Reviewed	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	June 25, 1963

DELAYED

*Class 1 Records are those made after the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least 5 years old.

555-128-029-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Malcolm Oscar Neely			2. Date Of Birth (month) May (day) 28 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Marion Franklin Neely			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Olive Isabel Hamilton			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Malcolm O. Neely		11. Present Address of Registrant: 404 S. Lincoln, Moscow, I.
NOTARY (Seal)	Subscribed and sworn to before me on July 3 19 63	12. Signature of Notary: Dorothy N. Lloyd		13. Notary Commission expires: October 1 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of app. for life insurance	By whom issued and signed: Northwestern National Life Insurance Company	Date Issued: -----	Date Orig. Entry: May 16, 1929
	Date of Birth: May 28,1900	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Olive Thompson	Date Issued: July 9, 1963	Date Orig. Entry:
	Date of Birth: May 28,1900	Birth Place: Latah County Moscow, Idaho	Full Name of Mother: Olive Isabel Hamilton	Name of Father: Marion Franklin Neely
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Robert W. Patterson, Notary	Date Issued: July 8,1963	Date Orig. Entry: obviously old
	Date of Birth: May 28,1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Shirley Miller	Date Filed: July 16, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 16 1963

K. W. Peterson, Dir.

CHILD	1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
	Infant Boy Heavey		May 24, 1900	
	3. Sex	4. Place of birth (City, county, state)		5. City or Town of birth
	Male	Moscow		Moscow
PARENTS	6. Full name of father		7. State or Country of Father's Birth	
	Orion Ermold Heavey		Missouri	
	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
	Olive Isabel Hamilton		Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Informant	12. Present Address of Informant	
			64 S. Lincoln, Moscow, I.	
NOTARY (Date)	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires	
	June 3 19 63		October 1 19 64	

WARNING - DO NOT WRITE BELOW THIS LINE

ORIGINAL RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Birth Certificate	Original Item Issued If Co.	----	May 24, 1900
		Maiden Name of Mother		Name of Father
		----		----
SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit to Records	Clive Isabel Hamilton	July 2, 1963	July 2, 1963
	Place of Birth	Full name of Mother		Name of Father
	Moscow, Idaho	Olive Isabel Hamilton		Orion Ermold Heavey
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit to Records	Albert C. Hamilton, Notary	July 2, 1963	Obviously old
	Place of Birth	Full Name of Mother		Name of Father
	----	----		----

Director's Certificate

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for the above-named and that document(s) or data has been reviewed, which substantiates the facts as set forth in the following statement.

Statement Prepared by

Evidence reviewed by

Shirley Miller

Date Mailed

July 16, 1963

619-114-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-537

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Alphonso Waite
2. Date Of Birth (month) (day) (year): April 14, 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Dayton

FATHER

6. Full Name of Father: John W. Waite
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha M. Mickelson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Alphonso Waite
11. Present Address of Registrant: 123 Baker Drive, Mt. Home Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 30, 1963
12. Signature of Notary: M. M. Sanders
13. Notary Commission expires: March 3, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho, File #106492	---	Child born Nov. 25, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Dayton, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	L. D. S. Church	----	Ordained Jan. 27, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 14, 1900	Dayton, Idaho Oneida County	Martha Mickilson	John W. Waite

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	L. D. S. Church	----	Baptized April 15, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 14, 1900	Dayton, Idaho Oneida County	Martha M. Mickleson	John W. Waite

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Joyce B. Foltz	July 31, 1963

FORM BH 56067

AUG 7 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Fate

799-128-006-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-572

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Priest			2. Date Of Birth (month) November (day) 28 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Tayler, Idaho Bingham	b. City or Town of Birth: Tayler, Idaho	
FATHER	6. Full Name of Father: William Priest			7. State or Country of Father's Birth: Derbyshire England	
MOTHER	8. Full Maiden Name of Mother: Joann Simpson			9. State or Country of Mother's Birth: Hooper, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lester Priest	11. Present Address of Registrant: Teton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 31 19 63		12. Signature of Notary: LaMonte Dance, Clerk of District Court	13. Notary Commission expires: elective 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of app. for insurance		By whom issued and signed: Gem State Mutual Life Association, Inc.	Date Issued: ----	Date Orig. Entry: May 27, 1947
	Date of Birth: Nov.28,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho State File # 250277	Date Issued: ----	Date Orig. Entry: child born Dec. 12, 1936
	Date of Birth: Age: 36	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative; more than 10 years older		By whom issued and signed: Minnie M. Priest	Date Issued: August	Date Orig. Entry: 6, 1963
	Date of Birth: Nov.28,1900	Birth Place: Tayler, Idaho	Full Name of Mother: Joann Simpson Priest	Name of Father: William Priest	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Shirley Miller	Date Filed: August 13, 1963

FORM BH 56067 1 Copy Pd. #08412

AUG 14 1963

priest

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 16-[illegible]

REGISTRAR	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) November (day) 23 (year) [illegible]
	3. Color or Race: [illegible]	4. Sex: Male; 5. Place of Birth: Taylor, Idaho; 6. County: Bingham; 7. City or Town of Birth: Taylor, Idaho
	8. Full Name of Father: [illegible]	9. State or Country of Father's Birth: Lancashire England
	10. Maiden Name of Mother: [illegible]	11. State or Country of Mother's Birth: [illegible], Utah
	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Teton, Idaho
NOTARY (Seal)	14. Subscribed and sworn to before me on: 19 63	15. Signature of Notary: [illegible]
		16. Notary Commission Expires: Elective

REPLACEMENT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photo copy of [illegible]	By whom issued and signed: [illegible] Life [illegible], Inc.	Date Issued: ----	Date Orig. Entry: Nov. 27, [illegible]
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: [illegible] birth certificate	By whom issued and signed: Idaho State Film [illegible]	Date Issued: ----	Date Orig. Entry: [illegible] Dec. 22, [illegible]
	Date of Birth: Birth Place: [illegible] Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: [illegible] relative; more than 10 years older	By whom issued and signed: Minnie M. Priest	Date Issued: August 6, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: Nov. 28, 1900 Taylor, Idaho	Full Name of Mother: Joann Simpson Priest	Name of Father: William Priest	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	Shirley Miller	August 13, [illegible]

FORM SH 50-63

432-103-037-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Cornelius McKinnon			2. Date Of Birth (month) (day) (year): December 3, 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Owyhee	b. City or Town of Birth: Silver City	
FATHER	6. Full Name of Father: Cornelius Banker McKinnon			7. State or Country of Father's Birth: Prince Edward Island	
MOTHER	8. Full Maiden Name of Mother: Rebecca Ann Jeffrey			9. State or Country of Mother's Birth: New Brunswick, Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester Cornelius McKinnon		11. Present Address of Registrant: Three Forks Mont	
NOTARY (Seal)	Subscribed and sworn to before me on this 15th day of Aug. 1963	12. Signature of Notary: W. C. Wetherell		13. Notary Commission expires: August 31st, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Jo P. Bailey, Clerk of Court	Date Issued: July 8, 1963	Date Orig. Entry: April 28, 1926	
	Date of Birth: Age: 25	Birth Place: Silver City, Idaho	Full Name of Mother: Rebecca Ann Jeffrey	Name of Father: Cornelius Banker McKinnon	
SUPPORTING RECORD 2.	Type of Document: B Census Record	By whom issued and signed: Dept. of Commerce, Bureau of the Census Washington, D.C.	Date Issued: Aug. 17, 1948	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Rebedca A. McKinnon	Name of Father: Connelius B. McKinnon	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rebecca A. McKinnon	Date Issued: July 10, 1963	Date Orig. Entry:	
	Date of Birth: Dec. 3, 1900	Birth Place: Silver City, Idaho	Full Name of Mother: Rebecca A. McKinnon	Name of Father: Cornelius B. McKinnon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	August 23, 1963

FORM BH 56067

AUG 26 1968

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jayson Dennings Johnson	2. Date of Birth: December 3, 1900	
	3. Color or Race: Male	4. Sex: Male	5. Place of Birth: Idaho County: Cambria
PARENTS	6. Full Name of Father: Jayson Dennings Johnson	7. Maiden Name of Mother's Birth: Mary Jane Lafont	
WITNESS	8. Full Maiden Name of Mother: Mary Jane Lafont	9. Place of Residence at Mother's Birth: Cambria, Idaho County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Witness: Jayson Dennings Johnson	11. Address: Cambria, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on this 23rd day of August, 1968	12. Signature of Notary: [illegible]	13. Expires: [illegible]
AFFIDAVIT	DO NOT WRITE BELOW THIS LINE		
SUPPORTING EVIDENCE 1.	Type of Document: Certified copy of Marriage Record	2. Name Issued and Signed: T. Bailey, Clerk of Court	Date Issued: August 23, 1968
	Date of Birth Given: [illegible]	Mail Name of Mother: [illegible]	Type of Issue: [illegible]
SUPPORTING EVIDENCE 2.	Type of Document: Deed to Homestead	2. Name Issued and Signed: Edward A. Johnson	Date Issued: [illegible]
	Date of Birth Given: [illegible]	Mail Name of Mother: Mary Jane Lafont	Place of Issue: [illegible]
SUPPORTING EVIDENCE 3.	Type of Document: Affirmed by Author	2. Name Issued and Signed: Edward A. Johnson	Date Issued: [illegible]
	Date of Birth Given: Dec. 3, 1900	Mail Name of Mother: Edward A. Johnson	Place of Issue: [illegible]

SPECIAL CASE'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Received: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

Form 68-5007

796-122-028-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-666

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LYMAN ELIHUE GIFFORD			2. Date Of Birth (month) 8 (day) 22 (year) 1900	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Hauser Junction, Idaho	b. City or Town of Birth: Hauser Junction, Idaho	
FATHER	6. Full Name of Father: CHARLES GIFFORD			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: MAY B. SISSON			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lyman Elihue Gifford	11. Present Address of Registrant: 651 S. 91, Tacoma, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 23 19 62		12. Signature of Notary: Darene M. Jennings	13. Notary Commission expires: February 1 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of United States Navy Discharge	By whom issued and signed: Frank J. Glover, Auditory	Date Issued: --	Date Orig. Entry: enlisted Jan. 25, 1919
	Date of Birth: Aug. 22, 1900	Birth Place: Hause Junction, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother; age: 75	By whom issued and signed: John H. Gifford	Date Issued: June 19, 1963	Date Orig. Entry:
	Date of Birth: Aug. 22, 1900	Birth Place: Hauser Junction, --	Full Name of Mother: May B. Sisson	Name of Father: Charles Gifford
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage statistics	By whom issued and signed: Bea W. Zoodsma, Co. Auditor	Date Issued: Sept. 13, 1963	Date Orig. Entry: April 19, 1922
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: May B. Sisson	Name of Father: Chas. Gifford
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller		Date Filed: September 24, 1963

FORM BH 56067 1-5-62

SEP 24 1963

759-228-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-674

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viva Irene Geisler			2. Date Of Birth (month) December (day) 28 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Central
FATHER	6. Full Name of Father: Fred Geisler			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Sina Hansen			9. State or Country of Mother's Birth: Gudmindrup Hojbyden, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viva Irene Geisler Jensen		11. Present Address of Registrant: 1750 No. Harrisville Road Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on September 19, 1963	12. Signature of Notary: WENDELL HANSEN, County Clerk By Jerry E. Jensen Deputy Clerk		13. XXXXXXXXXXXXXXXXXXXX 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for marriage license	By whom issued and signed: Wendell Hansen, Clerk	Date issued: Aug. 6, 1963	Date Orig. Entry: Nov. 10, 1921
	Date of Birth: Dec. 28, 1900	Birth Place: Bannock County Central, Idaho	Full Name of Mother: Sina Hansen	Name of Father: Fred Geisler
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Beneficial Life Insurance Company	Date issued: ----	Date Orig. Entry: Jan. 6, 1938
	Date of Birth: Dec. 28, 1900	Birth Place: Central, Idaho	Full Name of Mother: ---	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certified photo copy of page from family records	By whom issued and signed: Wendell Hansen, County Clerk	Date issued: Sept. 19, 1963	Date Orig. Entry: obviously old
	Date of Birth: Dec. 28, 1900	Birth Place: Central, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	September 26, 1963

FORM BH 56067 1 Copy Pd. #08823

SEP 26 1963

128-211-022-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Rebecca Ashcraft			2. Date Of Birth (month) (day) (year): September 11, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Enoch Ashcraft			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Eliza Purser			9. State or Country of Mother's Birth: Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Rebecca Ashcraft		11. Present Address of Registrant: R#1 9th Mesa Tampa Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 10-7 1963	12. Signature of Notary: L. D. Romney		13. Notary Commission expires: 11-12 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, Age 76	By whom issued and signed: Mrs. J. A. Nelson	Date Issued: ----	Date Orig. Entry: September 30, 1963
	Date of Birth: September 11, 1900	Birth Place: Wilford, Idaho	Full Name of Mother: Eliza Ashcraft	Name of Father: Enoch Ashcraft
SUPPORTING RECORD 2.	Type of Document: App. for Insurance Policy	By whom issued and signed: State Life Insurance Company of Montana	Date Issued: -----	Date Orig. Entry: February 3, 1923
	Date of Birth: September 11, 1900	Birth Place: Fremont County Wilford, Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church	Date Issued: -----	Date Orig. Entry: Baptized July 31, 1909
	Date of Birth: September 11, 1900	Birth Place: Fremont County Wilford, Idaho	Full Name of Mother: Eliza Purser	Name of Father: Enoch Ashcraft
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Betty Morris	Date Filed: October 8, 1963

FORM BH 56067

OCT 8 1963

434-21-026-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: C Cora Manila McMurtrey			2. Date Of Birth (month) Sept. (day) 11 (year) 1900
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: David Fox			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ann D. Bradford			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Manila McMurtrey		11. Present Address of Registrant: Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 1963	12. Signature of Notary: Jay F. Bates		13. Notary Commission expires: July 6 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 112713	Date Issued: ---	Date Orig. Entry: child born Dec. 9, 1922
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, more than 10 years older	By whom issued and signed: Ann Maria Mangum	Date Issued: July 23, 1960	Date Orig. Entry:
	Date of Birth: Sept. 11, 1900	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Anna B. Bradford Fox	Name of Father: David Fox
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: Eugene Brown, Ward Clerk, Ririe First Ward	Date Issued: ---	Date Orig. Entry: baptized Sept. 6, 1919
	Date of Birth: Sept. 11, 1900	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Anna B. Bradford	Name of Father: David Fox
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: October 17, 1963

FORM BH 56067 (6-29-60) / Copy paid Receipt # 01227. Search made in Jefferson Co. and Bonneville Co.

OCT 17 1963

818-218-022-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-780

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NINA JOSEPHINE SANDGREEN HARRIS
2. Date of Birth: (month) Dec. (day) 18 (year) 1900
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Fremont County, Idaho; b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: George Henry Burriston Harris
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Victoria Josephine Sandgreen
9. State or Country of Mother's Birth: Sweden (came to America age 9.)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nina Josephine Sandgreen Rudolfsen Harris formerly

11. Present Address of Registrant: 1278 Boston St., Altadena California

NOTARY (Seal)

Subscribed and sworn to before me on Dec 12 1962

N. W. Lehman

13. Notary Commission expires: 11-18 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Date Issued	Date Orig. Entry	Full Name of Mother	Name of Father
SUPPORTING RECORD 1.	Church Record	Dec.18,1900	Fremont County Salem, Idaho	L.D.S. Church, Salt Lake City, Utah	Dec.13,1962	Mar. 3, 1901	Victoria Sandgreen	George H. B. Harris
SUPPORTING RECORD 2.	affidavit by brother; age: 77	Dec.18,1900	Fremont County Salem, Idaho	George Victor Sandgreen Harris	Dec. 7, 1962	---	Victoria Josephine Sandgreen	George Henry Burriston Harris
SUPPORTING RECORD 3.	Notarized photo copy of page from family record book	Dec.18,1900	Fremont County Salem, Idaho	Mary Smith, Notary Public	Oct.23,1963	obviously old	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Brown

Evidence reviewed by: sm Shirley Miller

Date Filed: November 4, 1963

FORM BH 56067 11-30-62. one copy pd. rec. #19482.

Rockefeller

NOV 4 1963

113-220-044-919

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-843

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lula B. Jackson
2. Date of Birth: (month) March 20 (day) (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Cambridge (Salubria)

FATHER

6. Full Name of Father: John M. Jackson
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ella R. Rairdon
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lula B. Elston
11. Present Address of Registrant: New Plymouth, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on December 5 1963

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: 9-28-1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Child's own birth certificate Viewed by Vital Statistics
By whom issued and signed: State of Idaho Vital Statistics
Date Issued: -------
Date Orig. Entry: Child born Jan. 17, 1931
Date of Birth / Age: 31 Years
Birth Place: Cambridge, Ida.
Full Name of Mother: ----------
Name of Father: --------

SUPPORTING RECORD 2.

Type of Document: Affidavit by brother 12 years older
By whom issued and signed: Charles L. Jackson
Date Issued: Oct. 2, 1963
Date Orig. Entry: ---
Date of Birth: March 20, 1900
Birth Place: Salubria, Idaho Washington Co.
Full Name of Mother: Ella R. Rairdon Jackson
Name of Father: John M. Jackson

SUPPORTING RECORD 3.

Type of Document: Record of Marriage
By whom issued and signed: First Methodist church George A. Trobough, minister
Date Issued: Oct. 2, 1963
Date Orig. Entry: June 20, 1920
Date of Birth / Age: Age 20
Birth Place: Cambridge (Salubria)
Full Name of Mother: ---------
Name of Father: ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Hazel Hurlbert
Date Filed: December 5, 1963

FORM BH 56067

DEC 5 1963

Male	B. Jackson		March 20
White	Female	Washington	Cambridge (Salubria)
John M. Jackson			Missouri
Ella J. Barton			Iowa
Used own birth certificate	State of Idaho Vital Statistics		Child born Jan. 17, 1921
31 Years	Cambridge,Ida.		
Affidavit by brother 12 years older	Charles B. Jackson		Oct. 2, 1963
March 20, 1890	Salubria, Idaho Washington Co.	Ella J. Barton Jackson	John M. Jackson
Record of Marriage	First Methodist church George A. Trobough, minister		Oct. 2, 1963 June 20, 1920
Age 20	Cambridge (Salubria)		

W. W. Benson Hazel Hurlbert December 5, 1963

384-224-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mavis Clare Lyman			2. Date Of Birth (month) April (day) 24 (year) 1900	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Blackfoot, Bingham, Idaho.	
FATHER	6. Full Name of Father: Francis Andrew Lyman			7. State or Country of Father's Birth: Dunlap, Harrison, Iowa	
MOTHER	8. Full Maiden Name of Mother: Carrie Gladys Clayton			9. State or Country of Mother's Birth: Salt Lake City, S.L. - Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mavis L. Humphreys		11. Present Address of Registrant: 521 East Linden, Caldwell, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1964	12. Signature of Notary: Lloyd Christensen		13. Notary Commission expires: 11-7 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding Temple Marriage Record; Records--Salt Lake Temple Archives	By whom issued and signed: Carl O. Winkler, Custodian of		Date Issued: Jan. 4, 1957	Date Orig. Entry: Mar. 26, 1919
	Date of Birth: April 24, 1900	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Carrie G. Clayton		Name of Father: Francis A. Lyman
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Jos. H. Stevens, Bishop		Date Issued: -----	Date Orig. Entry: baptized Oct. 8, 1916
	Date of Birth: April 24, 1900	Birth Place: Blackfoot, Idaho	Full Name of Mother: Carrie G. Clayton		Name of Father: Francis A. Lyman
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 102257		Date Issued: -----	Date Orig. Entry: child born May 22, 1922
	Date of Birth: Age: 22	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Bamson	Evidence reviewed by: Shirley Miller	Date Filed: January 9, 1964

FORM BH 56067

JAN 10 1964
APR 13 1965
MAY 2 1975

316-129-029-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-64-018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence, George Robert			2. Date of Birth (month) August (day) 29, (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Janesville,	
FATHER	6. Full Name of Father: George Russell Lawrence			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Marie Esther Lawrence (Parks)			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Robert Lawrence		11. Present Address of Registrant: Deary, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 13 19 63	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 28 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

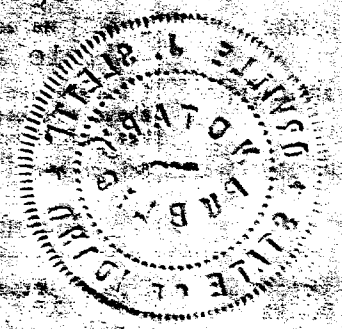
SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File No. 148864	Date Issued: Jan.5,1945	Date Orig. Entry: child born Jan. 21, 1927
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend at time of birth; age: 77	By whom issued and signed: Arthur O. Bjerke	Date Issued: December 12, 1963	Date Orig. Entry
	Date of Birth: Aug.29,1900	Birth Place: Latah County Janesville, Idaho	Full Name of Mother: Marie Esther Parks	Name of Father: George Russell Lawrence
SUPPORTING RECORD 3.	Type of Document: Photo copy of hospital record	By whom issued and signed: Gritman Memorial Hospital Moscow, Idaho	Date Issued: February 16, 1959	Date Orig. Entry
	Date of Birth: Aug.29,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: January 10, 1964

FORM BH 56067

Received

JAN 10 1964



669-215-035-317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Alleta Warren		2. Date Of Birth (month) 3 (day) 15 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth:
FATHER	6. Full Name of Father: Grant E. Warren		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Gertrude Maude Taplin		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Alleta Warren	11. Present Address of Registrant: B167 Star Rt. Quincy Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 5, 19 63	12. Signature of Notary: Vernon L. Parker	13. Notary Commission expires: May 20, 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Washington State Record #101	Date Issued: Nov.1,1963	Date Orig. Entry: child born Nov. 24, 1919
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department	Date Issued: Nov.30,1936	Date Orig. Entry: Feb. 25, 1959
	Date of Birth: Mar.15,1900 / Birth Place: Nez Perce County Captain John, Idaho	Full Name of Mother: Gertrude Maude Taplin	Name of Father: Grant Warren	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page in family Bible	By whom issued and signed: Randolph S. Palmer, Notary Public	Date Issued: Feb.3,1964	Date Orig. Entry: obviously old
	Date of Birth: Mar.15,1900 / Birth Place: Nez Perce, Co, Idaho	Full Name of Mother: Gertrude M Taplin	Name of Father: Grant E Warren	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	sm Shirley Miller	February 5, 1964

FORM BH 56067

11-21-63

FEB. 5 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Bolton, Idaho

SUBJECT	1. Registrant's Full Name at Birth	2. Date (month) (day) (year) of Birth
Person whose birth is being registered	3. Color or Race: Sex	4. Place of Birth: a. County; b. City or Town of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	6. Full Maiden Name of Mother	8. State or Country of Mother's Birth
APPLICANT	9. Any declare upon oath that the statements are true to the [illegible] by knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission Expires
	[illegible]	May 20, [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]	———	———
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	[illegible]	[illegible]	Nov. 20, 1936 / Feb. 25, 1950
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]	Gertrude Linda [illegible]	Grant Warren
SUPPORTING RECORD 3	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	[illegible]	[illegible]	Feb. 3, 1964 / [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]	Gertrude [illegible]	Grant S. Warren
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

Signature of Registrar	Evidence reviewed by	Date Filed
	Shirley Miller	February 5, 1964

Seal of Seal

339-230-024-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Cecilia Clifford		2. Date Of Birth (month) 3 (day) 30 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County Blaine b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: William Henry Clifford		7. State or Country of Father's Birth: Mendon Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Anna Cecilia Olson		9. State or Country of Mother's Birth: Malmo, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel C Smith	11. Present Address of Registrant: Bliss, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1-30 1961	12. Signature of Notary: [illegible]	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: Mary E. Bayer age 75	Date Issued: Jan. 30, 1961	Date Orig. Entry: ----
	Date of Birth: Mar. 30, 1900 / Birth Place: Bliss, Idaho	Full Name of Mother: Anna C. Clifford	Name of Father: William Henry Clifford	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records	By whom issued and signed: Gooding County, Idaho Sibyl Stevens, Recorder	Date Issued: Feb. 6, 1961	Date Orig. Entry: May 19, 1922
	Date of Birth: age 22 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Mar. 8, 1962	Date Orig. Entry: June 1, 1900
	Date of Birth: Age: 2 Mo. / Birth Place: Idaho	Full Name of Mother: Annie C. Clifford	Name of Father: William Henry Clifford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Shirley Miller	February 12, 1964

FEB 12 1964

553-129-029-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN CLARENCE NELSON			2. Date Of Birth: (month) July (day) 29 (year) 1900
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Latah County	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: NELS JOHN NELSON			7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: IDA CHARLOTTE FREED			9. State or Country of Mother's Birth: SWEDEN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melvin Clarence Nelson	
NOTARY (Seal)	Subscribed and sworn to before me on: February 8 1964		12. Signature of Notary: Jas. H. Robinson	

217 Lemon Street
Vallejo, California

217 Lemon Street
Vallejo, California
JAMES H. ROBINSON
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SOLANO
My Commission Expires August 27, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, Age: 80	By whom issued and signed: Mrs. Hulda Loffel	Date Issued: January	Date Orig. Entry: 18, 1964
	Date of Birth: July 29, 1900	Birth Place: Troy, Idaho	Full Name of Mother: Charlotte Freed	Name of Father: Nels John Nelson
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record	By whom issued and signed: Dorothy Lawton, MRL	Date Issued: Jan. 20, 1964	Date Orig. Entry: Nov. 19. 1952
	Date of Birth: July 29, 1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Nov. 22, 1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Ida Nelson	Name of Father: Nels J. Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: February 12, 1964

FORM BH 56067

FEB 12 1964

DELAYED CERTIFICATE OF BIRTH
(STATE OF IDAHO)

1. Registrant's Full Name at Birth: MELVIN CLARENCE NELSON	2. Date of Birth: July 29 1900
3. Color or Race: W	4. Sex: M
5. Place of Birth: Latah County	6. County: Troy
7. Full Name of Father: NELS JOHN NELSON	8. State or Country of Father's Birth: SWEDEN
9. Full Maiden Name of Mother: [illegible] CHARLOTTE FREED	10. State or Country of Mother's Birth: SWEDEN
11. Signature of Registrant	12. Signature of Notary
13. Signature of Notary	

Type of Document	Date Issued	Date Orig. Entry	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	Date Issued	Date Orig. Entry	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	Date Issued	Date Orig. Entry	
Date of Birth	Birth Place	Full Name of Mother	Name of Father

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts on Act, with in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

719-227-035-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

De64-199

State File No.
Local Reg. No. 11-A
Reg. Dist. No. 220

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Reubens
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 2 years — months — days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1329 8th
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address (For registration notices) 1329 Lewiston Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Lewiston

4. FULL NAME OF CHILD Greta Leora Parkins

5. Date of Birth (Month, day, year) April 27 1900

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lin Parkins

11. Color or Race W 12. Age at time of THIS birth 23 yrs.

13. Birthplace Garden Grove Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Maude Cunningham

17. Color or Race W 18. Age at time of THIS birth 21 yrs.

19. Birthplace Salem, Nebr
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Lin Parkins (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature John N Alley M.D. (D.O., Midwife, etc.)
and address Lewiston Date 10-27-41

26. (a) March 12, 1964 (Date received) (b) Cora Kinzer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAR 19 1964

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-228. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wassarman before delivery? Yes

(4) Signature of Physician: John N. McCloy

DELAYED

666-210-016-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Woodall		2. Date Of Birth (month) July (day) 10 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: William Woodall		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Hannah Jones		9. State or Country of Mother's Birth: Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Woodall Uhrey	11. Present Address of Registrant: 620 - Stadium - Nampa, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 19 64	12. Signature of Notary: Richard L. Riordan	13. Notary Commission expires: May 21 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: O Insurance Policy with The Mutual Life Ins. Co. of N. Y.	By whom issued and signed: David F. Houston, President	Date Issued: May 12 1939	Date Orig. Entry: May 12, 1939
	Date of Birth: July 10 1900	Birth Place: Albion, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 54	By whom issued and signed: Eliza [illegible] Young	Date Issued: June 4 1942	Date Orig. Entry: -------
	Date of Birth: July 10, 1900	Birth Place: Albion, Idaho	Full Name of Mother: Hannah Jones	Name of Father: William Woodall
SUPPORTING RECORD 3.	Type of Document: Notorized statement of Employment Record	By whom issued and signed: School District # 131 Nampa, Idaho Harry Mills, Supt	Date Issued: March 1964	Date Orig. Entry: Taught [illegible] school starting 1923
	Date of Birth: July 10, 1900	Birth Place: Albion, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florance Curtright	Date Filed: March 23, 1964

FORM BH 56067

[redacted]

MAR 31 1964

619-102-009-229

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-311
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LAWRENCE FRANCIS FARRELL
2. Date of Birth: (month) SEPT (day) 2 (year) 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County SAND POINT BONNER; b. City or Town of Birth

FATHER

6. Full Name of Father: LAWRENCE, FRANCIS FARRELL
7. State or Country of Father's Birth: SACRAMENTO - CALIF

MOTHER

8. Full Maiden Name of Mother: FLORENCE JOSEPHINE SPRAGUE
9. State or Country of Mother's Birth: SACRAMENTO CALIF

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence Francis Farrell
11. Present Address of Registrant: 2336 BURDECK DR. Glendale, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on October 15 1956

12. Signature of Notary: Earl Burke
13. Notary Commission expires: My Commission expires Sept. 24, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Census Record	U.S. Bureau of the Census Washington, D.C.	Nov. 4, 1957	Jan. 1, 1920
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Florence Chorpening (remarried)	Name of Father: -------
SUPPORTING RECORD 2. Class	Insurance Policy #1289959	Metropolitan Life Insurance Company	June 1, 1929	May 8, 1929
	Date of Birth: Sept. 2, 1900	Birth Place: Sandpoint, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3. Class	Insurance Policy #3369633	Occidental Life Insurance Company of California	March 2, 1954	March 2, 1954
	Date of Birth: Sept. 2, 1900	Birth Place: Sandpoint, Idaho	Full Name of Mother: ------	Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda M. Larson	April 29, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

4-8-64

Farrell

APR 29 1964

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name of birth	2. Date of birth (month) (day) (year)	
	3. Date of birth	4. Sex	5. Place of birth
			6. City or town of birth
FATHER	6. Full name of father	7. State or country of father's birth	
MOTHER	8. Full name of mother	9. State or country of mother's birth	
AFFIDAVIT	10. Signature of registrant	11. Present address of registrant	
	12. Signature of witness	13. Notary commission expires	

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of birth	Full name of mother		
Class				
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of birth	Full name of father	Name of father	
Class				
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of birth	Full name of mother	Name of father	
Class				
QUALIFYING INFORMATION				

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	April 2[illegible], 19[illegible]

*Class a [illegible] made and [illegible] the [illegible] birthday.
Class a [illegible] after the [illegible] birthday but are at least [illegible]

293-112-035-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-451

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Jessie Billups ~~Nez Perce~~
2. Date of Birth: June 12 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Nez Perce Nez Perce
b. City or Town of Birth: Nez Perce

FATHER

6. Full Name of Father: John W. Billups
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Rhoda C. Farmer
9. State or Country of Mother's Birth: Virigina

AFFIANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl Jessie Billups
11. Present Address of Registrant: 454 W Montana Stockton Calif

NOTARY

Subscribed and sworn to before me on: June 22 1964
12. Signature of Notary: Josephine V. Signorelli
13. Notary Commission expires: March 9 1968

JOSEPHINE V. SIGNORELLI
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN JOAQUIN COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age:80	Minnie Dell Billups Kennedy	June 17, 1964	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 12, 1900 / Nez Perce, Nez Perce,Co.,Idaho	Rhoda C. Farmer	John W. Billups	
SUPPORTING RECORD 2.	Statement from Insurance Co.	The Prudential Insurance Company of America	June 4, 1964	July 21, 1949
	June 12, 1900 / Nez Perce, Idaho	---	---	
SUPPORTING RECORD 3.	Navy Discharge	U. S. Navy	Sept. 30, 1921	Enrolled July 6, 1918
	June 12, 1900 / NezPerce, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	June 24, 1964

FORM BH 56067

JUN 24 1964

764-214-016-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-511

REGISTRANT (Please write with the following registrand)	1. Registrant's Full Name at Birth: Melba Althera Poulton		2. Date Of Birth (month) (day) (year): January 14 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Samuel Poulton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jane Lenora Severe		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melba Althera Poulton Colgan	11. Present Address of Registrant: 1434 Peerless Pl. Los Angeles 35, California
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1964	12. Signature of Notary: Elizabeth C Budnick	13. Notary Commission expires: 19 My Commission Expires June 26, 1964

ELIZABETH C. BUDNICK
NOTARY PUBLIC
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #6311		By whom issued and signed: Division of Vital Statistics Los Angeles, California	Date issued: June 15, 1961	Date Orig. Entry: Child born May 15, 1935
	Date of Birth: age: 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth Age 74		By whom issued and signed: Ethel M. Payton	Date issued: July 8, 1964	Date Orig. Entry: ---
	Date of Birth: Jan. 14, 1900	Birth Place: Oakley	Full Name of Mother: Jane Lenora Severe Poulton	Name of Father: Samuel Poulton	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: Universal Printing & Lithograph Co., Los Angeles	Date issued: ---	Date Orig. Entry: more than five Years old.
	Date of Birth: Jan. 14, 1900	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 15, 1964

FORM BH 56067

1 23 64

JUL 15 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name of Birth: Melle Althea Poulton	2. Date of Birth (Month) January 14 1960
3. Color or Race: White; Sex: Female; 5. Place of Birth: Cassia County	Cakley
6. Full Name of Father: Samuel Poulton	7. State or Country of Father's Birth: Utah
8. Full Name of Mother: Jane Sorena Severe	9. State or Country of Mother's Birth: Utah
10. Signature of Registrant	11. Present Address of Registrant: 524 Peerless St, Los Angeles 35, California
12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible] Angeles, [illegible]	Date Issued: June 15, [illegible]	Date Orig. Entry: Child [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: July [illegible]	Date Orig. Entry: ---
	Date of Birth: [illegible]	Birth Place: Cakley	Full Name of Mother: Jane Sorena [illegible]	Name of Father: Samuel Poulton
SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: more than [illegible] years old
	Date of Birth: [illegible]	Birth Place: Cakley, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	July 15, [illegible]

FORM NO. [illegible]

513-226-028-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS IRENE EATON		2. Date Of Birth (month) MARCH (day) 26 (year) 1900
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: KOOTENAI; b. City or Town of Birth: COEUR d'ALENE
FATHER	6. Full Name of Father: PRESSLEY EATON JR.		7. State or Country of Father's Birth: PENNSYLVANIA
MOTHER	8. Full Maiden Name of Mother: HARRIET A. STAFFORD		9. State or Country of Mother's Birth: KANSAS
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Eaton McShane	11. Present Address of Registrant: 1500-29th ave Oakland 1, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 27, 1964	12. Signature of Notary: Gwynne G. Kohler (Gwynne G. Kohler)	13. Notary Commission expires: October 19, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age:76	By whom issued and signed: May Thomas	Date Issued: May 27, 1964	Date Orig. Entry: ---
	Date of Birth: March 26, 1900; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Harriet A. Stafford	Name of Father: Pressley Eaton, Jr.	
SUPPORTING RECORD 2.	Type of Document: photocopy of application to insurance co.	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: Feb. 14, 1949	Date Orig. Entry: Jan. 27, 1949
	Date of Birth: March 26, 1900; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: family record	Date Issued: May 24, 1964	Date Orig. Entry: obviously old
	Date of Birth: March 26, 1900; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Church Certificate of Membership, LDS Church, Issued July 17, 1964, Baptized Aug. 1, 1920. Born March 26, 1900 at Coeur D'Alene, Idaho, Parents names given as father-Pressley Eaton mother-Harriet Strafford

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 5, 1964

FORM BH 56067

AUG 5 1964

818-227-001-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De 64-556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Hardisty			2. Date of Birth (month) (day) (year): January 27, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William Hardisty			7. State or Country of Father's Birth: Blandinsville, Illinois
MOTHER	8. Full Maiden Name of Mother: Leona Sara Ward			9. State or Country of Mother's Birth: Pueblo Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Crass		11. Present Address of Registrant: 8816 SE 148 St Renton Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Erma Hardisty	Date Issued: June 3 1964	Date Orig. Entry: ----------
	Date of Birth: Jan. 27 1900	Birth Place: Boise, Idaho	Full Name of Mother: Leona Sara Ward	Name of Father: William Hardisty
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U. S. Department of Commerce Richard M. Scammon, Director	Date Issued: Aug. 26 1968	Date Orig. Entry: Census taken June 1, 1900
	Date of Birth: Age 4 mo.	Birth Place: Idaho	Full Name of Mother: Leona Hardisty	Name of Father: William Hardisty
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage Record	By whom issued and signed: Vern Thomas, Recorder	Date Issued: April 15 1964	Date Orig. Entry: Married Aug. 14, 1917
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 11, 1964

FORM BH 56067

AUG 11 1964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 54-556

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Irene Hardisty		2. Date of Birth (month) (day) (year): January 27, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (a. County): Ada
			6. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William Hardisty		7. State or Country of Father's Birth: Blandinsville, Illinois
MOTHER	8. Full Maiden Name of Mother: Leona Sara Ward		9. State or Country of Mother's Birth: Pueblo Colorado
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by Aunt Age 77	APPLICANT: DO NOT WRITE BELOW THIS LINE — By whom issued and signed: Erma Hardisty	Date Issued: June 3 1964	Date Orig. Entry:
	Date of Birth: Jan. 2 1900	Birth Place: Boise, Idaho	Full Name of Mother: Leona Sara Ward	Name of Father: William Hardisty
SUPPORTING RECORD 2	Type of Document: Census Record	By whom issued and signed: U. S. Department of Commerce Richard M. Scammon, Director	Date Issued: Aug. 26 1963	Date Orig. Entry: Census taken June 1, 1900
	Date of Birth: Age 4 mo.	Birth Place: Idaho	Full Name of Mother: Leona Hardisty	Name of Father: William Hardisty
SUPPORTING RECORD 3	Type of Document: Certified copy of Marriage Record	By whom issued and signed: Vern Thomas, Recorder	Date Issued: April 15 1964	Date Orig. Entry: Married Aug. 14, 1917
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Bensen	Florence Curtright	August 11, 1964

FORM NO. 50067

319-103-016-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-664

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Owen Claire Carson		2. Date of Birth (month) (day) (year): Sept. 3, 1900.
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Owen Thomas Carson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Elmira Bates		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Owen Carson	11. Present Address of Registrant: Huntington, Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23 1964	12. Signature of Notary: Olive Echevarria	13. Notary Commission expires: 3/20 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 86	By whom issued and signed: Owen Thomas Carson	Date Issued: Sept. 23, 1964	Date Orig. Entry: ------
	Date of Birth: Sept. 3 1900	Birth Place: Oakley, Idaho	Full Name of Mother: Ida Elmira Bates	Name of Father: Owen Thomas Carson
SUPPORTING RECORD 2.	Type of Document: Statement of Employment	By whom issued and signed: Oregon Portland Cement Co. L. McLean, Ass't Supt.	Date Issued: Sept 22 1964	Date Orig. Entry: Employed June 30, 1941
	Date of Birth: Sept. 3 1900	Birth Place: Oakley	Full Name of Mother: -------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 159261	Date Issued: -------	Date Orig. Entry: child born Jan. 26, 1928
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: - ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept. 28, 1964

FORM BH 56067

SEP 28 1984

769-115-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-713

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarence Nile Porter
2. Date of Birth (month) (day) (year): May 15 1900
3. Color or Race: White
4. Sex: M.
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Basalt

FATHER

6. Full Name of Father: Abinadi Porter
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie L. Jensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence N. Porter
11. Present Address of Registrant: Rt. 3 Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 19 19 64

12. Signature of Notary: Fred L. Hanson
13. Notary Commission expires: January 20 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt Age 93	May 15, 1900	Basalt, Bingham County, Idaho	Marie Jensen	Annie L. Jensen Porter	Oct. 18, 1961	Abinadi Porter	----
SUPPORTING RECORD 2.	photocopy of application to insurance company	May 15, 1900	Basalt, Idaho	Bankers Life Company, Des Moines, Iowa	----	----	----	Nov. 19, 1932
SUPPORTING RECORD 3.	Own child's birth certificate	Age: 31	Basalt, Idaho	On file Idaho #191881	----	----	----	child born June 13, 1931

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

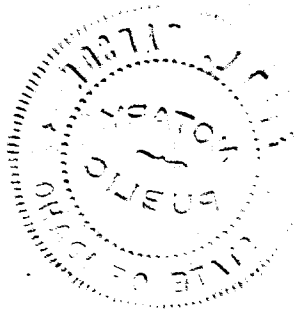
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Oct. 23, 1964

FORM BH 56067

6-15-64 H.

Porter

OCT 23 1964



551-129-056-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *Raymond Jones Evans*			2. Date of Birth (month) (day) (year): *October 29, 1900*
	3. Color or Race: *White*	4. Sex: *Male*	5. Place of Birth a. County: *Oneida*	b. City or Town of Birth: *Malad City*
FATHER	6. Full Name of Father: *William Morgan Evans*			7. State or Country of Father's Birth: *Idaho*
MOTHER	8. Full Maiden Name of Mother: *Mary Jones Evans*			9. State or Country of Mother's Birth: *Utah*
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Raymond Jones Evans*		11. Present Address of Registrant: *Malad City, Idaho*
NOTARY (Seal)	Subscribed and sworn to before me on: *October 22, 1964*	12. Signature of Notary: *[illegible]*		13. Notary Commission expires: *11/21 1965*

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Reynolds Ward	Date Issued: Dec. 1,1940	Date Orig. Entry: baptized Dec. 1, 1940	
	Date of Birth: Oct. 29, 1900	Birth Place: Malad, Oneida Co. Idaho	Full Name of Mother: Mary Jones	Name of Father: William M. Evans.	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 77	By whom issued and signed: Rose E. Lowry	Date Issued: Oct. 22, 1964	Date Orig. Entry: ----	
	Date of Birth: Oct. 29, 1900	Birth Place: Malad City, Idaho	Full Name of Mother: Mary Jones Evans	Name of Father: William Morgan Evans	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3-13-25101	By whom issued and signed: Beneficial Protective association, Pocatello, Idaho	Date Issued: Sept. 13, 1946	Date Orig. Entry: Sept. 12,1946	
	Date of Birth: Oct. 29, 1900	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: *W W Barron*	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 26, 1964

FORM BH 56067

OCT 26 1964

Evans

864-231-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-775

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Mae Hodge	2. Date of Birth (month) (day) (year): Mar 31 1900
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Iona Bingham	b. City or Town of Birth: Iona Idaho
FATHER	6. Full Name of Father: Abraham Robert Hodge	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agatha Carson	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva Hodge Hicks; 11. Present Address of Registrant: Monroe, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: SEP 17 1964 19	12. Signature of Notary: A. L. Anderson; 13. Notary Commission expires: Dec. 15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Ella D. Jack, Custodian of Church Member Rec.	Date issued: April 1, 1964	Date Orig. Entry: baptized July 27, 1908
	Date of Birth: March 31, 1900; Birth Place: Iona, Idaho	Full Name of Mother: Agatha Carson	Name of Father: Abraham Hodge	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date issued: Nov.6,1964	Date Orig. Entry: June 1, 1900
	Date of Birth: March 1900; Birth Place: Idaho	Full Name of Mother: Agatha Hodge	Name of Father: Abram Hodge	
SUPPORTING RECORD 3.	Type of Document: Application for membership to	By whom issued and signed: The Society of Daughters of the Utah Pioneers Monroe, Utah	Date issued: ----	Date Orig. Entry: Oct. 20,1938
	Date of Birth: March 31, 1900; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Nov. 24, 1964

FORM BH 56067

9-25-

NOV 24 1964

Hicks

845-213-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-781

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Clare Huntley			2. Date of Birth (month): April (day): 13 (year): 1900	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: State of Idaho Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Frederick A. Huntley			7. State or Country of Father's Birth: New York State	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Kyne			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT X	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Clare Huntley Graves	11. Present Address of Registrant: 1501 Summitview Ave. Apt. 205, Yakima, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 23, 19 64		12. Signature of Notary: F M C Clark	13. Notary Commission expires: Feb. 1, 19 65	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return		By whom issued and signed: Eugene Naff, County Auditor Yakima County, Washington	Date Issued: Oct. 26, 1964	Date Orig. Entry: Oct. 28, 1924
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: Mary Ellen Kyne	Name of Father: Frederick A. Huntley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 75		By whom issued and signed: Ellen H. Sandmeyer	Date Issued: Oct. 29, 1964	Date Orig. Entry: ----
	Date of Birth: April 13, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: Mary Ellen Kyne	Name of Father: Frederick A. Huntley	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records North Yakima High		By whom issued and signed: Yakima Public Schools Mrs. Crum, Records clerk	Date Issued: Nov. 18, 1964	Date Orig. Entry: Sept. 7, 1915
	Date of Birth: April 13, 1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	gml Glenda Larson	Nov. 25, 1964

FORM BH 56067

11-13-

NOV 27 1964

763-108-029-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-801

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALVIN LEO POTTER
2. Date of Birth (month) 2 (day) 8 (year) 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: KENDRICK, IDAHO
b. City or Town of Birth: KENDRICK

FATHER

6. Full Name of Father: FRANK C. POTTER
7. State or Country of Father's Birth: ~~IDAHO~~ AZORES

MOTHER

8. Full Maiden Name of Mother: MATTIE ANN JACKS
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvin Leo Potter
11. Present Address of Registrant: 1199 W. Perkins

NOTARY (seal)

Subscribed and sworn to before me on July 9, 1964

12. Signature of Notary: [illegible]
13. Notary Commission expires: 7-19 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license	Contra Costa County, Calif.	---	May 27,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of personnel record	Masonite Corporation, Ukiah, California	July 17, 1964	July 29,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8,1900	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for soc. sec. #565-07-0274	Treasury Department	-----	Dec. 1, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.8,1900	Kendrick,Idaho	Mattie Anne Jacks	Frank Potter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 7, 1964

FORM BH 56067

10-21-68

DEC 7 1964

845-213-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-821

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Edith Mary Huntley**			2. Date of Birth: (month) **April** (day) **13** (year) **1900**	
	3. Color or Race: **White**	4. Sex: **fem**	5. Place of Birth: a. County **Latah**	b. City or Town of Birth: **Moscow**	
FATHER	6. Full Name of Father: **Frederick A. Huntley**			7. State or Country of Father's Birth: **New York**	
MOTHER	8. Full Maiden Name of Mother: **Mary Ellen Kyne**			9. State or Country of Mother's Birth: **Iowa**	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith M. Duguay	11. Present Address of Registrant: 4837-42nd Ave. S.W. Seattle, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: **November 19, 1964**		12. Signature of Notary: Vera Miller	13. Notary Commission expires: Nov. 15 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:75		By whom issued and signed: Ellen H. Sandmeyer	Date Issued: Oct. 29, 1964	Date Orig. Entry: ------
	Date of Birth: April 13, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: Mary Ellen Kyne	Name of Father: Frederick A. Huntley	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth		By whom issued and signed: Puyallup General Hospital Puyallup, Washington	Date Issued: -----	Date Orig. Entry: child born March 4, 1936
	Date of Birth: April 13, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #M-13062		By whom issued and signed: Northern Life Insurance Co. Seattle, Washington	Date Issued: March 12, 1925	Date Orig. Entry: March 6, 1925
	Date of Birth: April 13, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: Mary Ellen Huntley	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Dec. 17, 1964

FORM BH 56067

DEC 17 1964

Ordway

Kelth Mary Huntley

White fem Idaho Latah

Frederick A. Huntley

Mary Ellen Kyne

April 13 1900

Moscow

New York

Iowa

4837-42nd Ave. S.W.
Seattle, Washington

November 19, 1

Frederick A. Huntley

689-103-004-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-832

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcus Jamison Whitman			2. Date of Birth (month) Oct. (day) 3 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Marcus Frederick Whitman			7. State or Country of Father's Birth: Como. Ill.
MOTHER	8. Full Maiden Name of Mother: Martha Jane Jameson			9. State or Country of Mother's Birth: Henderson County. Ill
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marcus J Whitman		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 1st 1960	12. Signature of Notary: Alex. C. Krater		13. Notary Commission expires: November 23 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #528-12-1865		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Sept. 25, 1937
	Date of Birth: Oct.3,1900	Birth Place: Monteplier,Idaho	Full Name of Mother: Martha Jane Jameson	Name of Father: Marcus Frederick Whitman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records		By whom issued and signed: Inyo Lodge #221, F.&A.M. Independence, California	Date Issued: Oct.27,1960	Date Orig. Entry: March 13,1952
	Date of Birth: Oct.3,1900	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 77		By whom issued and signed: Florence Eastman	Date Issued: Nov.3,1960	Date Orig. Entry: -----
	Date of Birth: Oct.3,1900	Birth Place: Montpelier, Idaho	Full Name of Mother: Martha Jane Whitman (Jamison)	Name of Father: Marcus Fredrick Whitman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 22, 1964

FORM BH 56067

2 copies paid #8718 10-24-60

DEC 22 1964

JAN 14 1965

Registrar's Full Name of Birth: Marcus Jamison Whitman		2. Date of Birth (month) Oct. (day) 3 (year) 1900	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bear Lake	Ability or Town of Birth: Montpelier
FATHER: Name of Father: Frederick Whitman		7. State or Country of Father's Birth: Como, Ill.	
MOTHER: Name of Mother: Marcus Jamison		9. State or Country of Mother's Birth: Henderson County, Ill	
APPROVAL: I hereby certify that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrar: [signature]	11. Present Address of Registrar
NOTARY (Seal): Subscribed and sworn to before me on [illegible]		12. Signature of Notary: [signature]	13. Notary Commission Expires: November 21 [illegible]

ADDITIONAL DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1:	Type of Document: [illegible]	Name of Issuer: [illegible]	Date Issued: ----	Date Orig. Entry: Sept. 25, 1957
	Date of Birth: [illegible]	Birth Place: Montpelier, Idaho	Full Name of Mother: Martha Jane Jamison	Name of Father: Marcus Frederick Whitman
SUPPORTING RECORD 2:	Type of Document: [illegible]	By whom Issued and signed: [illegible]	Date Issued: Oct. 27, 1960	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 3, 1900	Birth Place: Montpelier, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3:	Type of Document: [illegible]	By whom Issued and signed: [illegible]	Date Issued: Nov. 3, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 3, 1900	Birth Place: Montpelier, Idaho	Full Name of Mother: Martha Jane Whitman (Jamison)	Name of Father: Marcus Frederick Whitman
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that [illegible] evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Guidance reviewed by: [illegible]	Date Filed: Dec. 22, 1964	

FORM NO. [illegible]

962-126-029-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-846

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Ernest Robbins			2. Date of Birth (month) Dec (day) 26th (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Moscow Idaho	b. City or Town of Birth: Moscow Idaho.
FATHER	6. Full Name of Father: John Max Robbins			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Vida Marquis			9. State or Country of Mother's Birth: Pendleton Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd E. Robbins		11. Present Address of Registrant: Box 115 Palm Desert Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10, 1964 19	12. Signature of Notary: Margaret Dandurand	My Commission Expires January 3, 1965	13. Notary Commission expires: Jan. 3 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Vida Marquis Robbins	Date Issued: Sept. 3, 1964	Date Orig. Entry: ---
	Date of Birth: Dec. 26, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: Vida Marquis Robbins	Name of Father: John Robbins	
SUPPORTING RECORD 2.	Type of Document: photocopy of application to insurance company		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ---	Date Orig. Entry: Oct. 8, 1925
	Date of Birth: Dec. 26, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of original application for soc. sec. #550-03-7991		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 2, 1936
	Date of Birth: Dec. 26, 1900	Birth Place: Moscow, Idaho	Full Name of Mother: Vida Marquis	Name of Father: John Robbins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 29, 1964

FORM BH 56067

copy paid rec. # 4300

DEC 29 1964

155-218-036-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL MARY JENSEN			2. Date Of Birth (month) JANUARY (day) 18 (year) 1900
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Weston Idaho
FATHER	6. Full Name of Father: Lorenzo Jensen			7. State or Country of Father's Birth: Oneida, Idaho
MOTHER	8. Full Maiden Name of Mother: Emily Elvira Hoopes Jensen			9. State or Country of Mother's Birth: Oneida County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Mary Jensen Hn; Hazel Mary Jensen Tealer Hn		11. Present Address of Registrant: 360 Burnside Apt 8'G Los Angeles, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 5, 19 64	12. Signature of Notary: Helen H. Nutting		13. Notary Commission expires: Helen H. Nutting March 11 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application by mother for membership		By whom issued and signed: Society of Daughters of the Utah Pioneers	Date Issued: March 2, 1942	Date Orig. Entry: July 25,1941
	Date of Birth: Jan.18,1900	Birth Place: Weston, Idaho	Full Name of Mother: Emily Elvira Hoopes Jensen	Name of Father: Lorenzo Jensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 76		By whom issued and signed: Clara Hoopes Emrick	Date Issued: Nov.27,1964	Date Orig. Entry: -----
	Date of Birth: Jan.18,1900	Birth Place: Weston, Idaho	Full Name of Mother: Emily Elvira Hoopes Jensen	Name of Father: Lorenzo Jensen	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Dec.8,1964	Date Orig. Entry: June 1, 1900
	Date of Birth: Jan. 1900	Birth Place: Idaho	Full Name of Mother: Emily A. Jensen	Name of Father: Lorenzo Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 4, 1965

FORM BH 56067

11-10

JAN 6 1965

Smith Lester

415-123-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-047

REGISTRANT

1. Registrant's Full Name at Birth: John Stephen Davis
2. Date Of Birth: (month) 12 (day) 23 (year) 1900
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Fremont
b. City or Town of Birth: Marysville
(Mail) Ashton, Idaho

FATHER

6. Full Name of Father: Stephen Davis
7. State or Country of Father's Birth: Pensyvania

MOTHER

8. Full Maiden Name of Mother: Mary R. Green
9. State or Country of Mother's Birth: unknown

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Stephen Davis
11. Present Address of Registrant: 4811 Canoga St. Montelair Calif

NOTARY Seal

Subscribed and sworn to before me on: Aug 5 1964

12. Signature of Notary: Robert Valentine Snider
13. Notary Commission expires: ROBERT VALENTINE SNIDER My Commission Expires Mar. 29, 1966

ROBERT VALENTINE SNIDER NOTARY PUBLIC, CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires March 29, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #144093	---	child born May 8, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25	Ashton, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application to insurance company	Beneficial Life Insurance Company	---	May 5, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 23, 1900	Ashton, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	LDS Church, Fremont Stake Ashton Ward	Jan.11,1965	Feb. 3, 1901

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1900	Marysville, Fremont County, Idaho	Mary R. Green	Stephen Davis

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson gml	Jan. 19, 1965

FORM BH 56067 [illegible] 7-24-64 (B)

12-15

JAN 19 1965

Davis

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DIVISION OF VITAL STATISTICS
BOISE, IDAHO

REGISTRAR	1. Registration Full Name of Birth	2. Date of Birth (month) (day) (year)
Arrangement of Birth in Order for Statistics		
	3. Color or Race	4. Sex 5. Place of Birth (County) Indian Island
	6. Full Name of Father	7. State or Country of Father's Birth
	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	2. Name issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Name of Father	
SUPPORTING RECORD 2	Type of Document	By Name issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By Name issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALITY OF INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Name of Registrar	Evidence reviewed by	Date Filed

433-126-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orville Alexander McCulloch		2. Date of Birth (month) (day) (year): February 26 1900
	3. Color or Race: W	4. Sex: m	5. Place of Birth a. County: Fremont (now Madison) / b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Charles McCulloch		7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Janet Smith		9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville Alexander McCulloch	11. Present Address of Registrant: 137 So. Center Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1965.	12. Signature of Notary: Ray W. Ligby	13. Notary Commission expires: January 26 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 77	By whom issued and signed: Margaret McCulloch Lyman	Date Issued: Jan.16,1965	Date Orig. Entry: -----
	Date of Birth: Feb.26,1900 / Birth Place: Rexburg, Idaho Fremont now Madison	Full Name of Mother: Janet Smith	Name of Father: Charles McCulloch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #186381	Date Issued: ---	Date Orig. Entry: child born Nov. 11, 1930
	Date of Birth: Age 30 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #23549	By whom issued and signed: Idaho State Life Insurance Co. of Boise, Idaho	Date Issued: Oct.6,1922	Date Orig. Entry: Sept. 22, 1922
	Date of Birth: Feb.26,1900 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 19,1965

FORM BH 56067

M. E. Culloch

JAN 19 1965

Orville Alexander McCulloch

February 25 1900

Pocatello

Fremont (now Madison)

Charles McCulloch

Scotland

Scotland

Jan. 16 1965

January 25 1965

Date of Birth: Feb. 28, 1900

Place of Birth: Pocatello, Idaho

Date of Death: [illegible]

Place of Death: [illegible]

Cause of Death: ---

Name of Father: ---

Name of Mother: ---

Date of Burial: [illegible]

Place of Burial: [illegible]

Date Issued: ---

Date Reg. Early: [illegible]

Date of Birth: [illegible]

Place of Birth: [illegible]

Date of Death: [illegible]

Place of Death: [illegible]

Cause of Death: ---

Name of Father: ---

Name of Mother: ---

Date of Burial: [illegible]

Place of Burial: [illegible]

Date Issued: [illegible]

Date Reg. Early: [illegible]

Date of Birth: Feb. 28, 1900

Place of Birth: Pocatello, Idaho

Date of Death: [illegible]

Place of Death: [illegible]

Cause of Death: ---

Name of Father: ---

Name of Mother: ---

Date of Burial: [illegible]

Place of Burial: [illegible]

Date Issued: [illegible]

Date Reg. Early: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

334-120-022-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Samuel Clucas			2. Date of Birth (month) August (day) 20 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: James Clucas			7. State or Country of Father's Birth: Isle of Man - England
MOTHER	8. Full Maiden Name of Mother: Kate Ballard Grayvat			9. State or Country of Mother's Birth: Pana, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Samuel Clucas		11. Present Address of Registrant: Meridian Idaho Rt. # 3.
NOTARY (Seal)	Subscribed and sworn to before me on January 29 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age70	By whom issued and signed: Fred A. Clucas	Date issued: Sept. 30 1944	Date Orig. Entry: Sept. 30 1944
	Date of Birth: August 20 1900 / Birth Place: Rexburg, Idaho	Full Name of Mother: Kate Ballard Grayvat	Name of Father: James Clucas	
SUPPORTING RECORD 2.	Type of Document: Own child;s birth cert.	By whom issued and signed: on file with state of Idaho # 187421	Date issued: ---------	Date Orig. Entry: child born Dec. 21, 1930
	Date of Birth: Age 30 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of L. D. S. Church Record	By whom issued and signed: Ella D. Jack, Custodian of Records	Date issued: Aug. 10, 1962	Date Orig. Entry: Baptized Aug. 2, 1913
	Date of Birth: Aug. 20 1900 / Birth Place: Rexburg, Idaho	Full Name of Mother: Kate Grayvat	Name of Father: James Clucas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Jan. 29, 1965

FORM BH 56067

JAN 29 1965

Charles Samuel Clucas		August 20	1900
White	Male	Freeman	Rexburg
James Clucas			Isle of Man - England
Millard Crayvat			Paw. Illinois

Affidavit by brother Algie		Fred A. Clucas		Sept. 30	1944
August 20 1900	Rexburg, Idaho	Kate Millard Crayvat		James Clucas	
Own child's birth cert.		on file with state of Idaho # 181621		Celia Dean	Dec. 21, 1930
Aug. 20 1900	Rexburg, Idaho	Certified copy of L. D. S. Church Record	Nila D. Jack, Cletodian of Records	Aug. 10. 1952	Baptized Aug. 2, 1913

699-202-004-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-196

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PHEBE LA VERNE WRIGHT
2. Date of Birth: (month) SEPT (day) 2 (year) 1900
3. Color or Race: CAU.
4. Sex: FEMALE
5. Place of Birth: a. County: BEAR LAKE CT. b. City or Town of Birth: BENNINGTON

FATHER

6. Full Name of Father: FRANK MARION WRIGHT
7. State or Country of Father's Birth: BEAR LAKE COUNTY, IDAHO

MOTHER

8. Full Maiden Name of Mother: WINNETTA LEE(WRIGHT)
9. State or Country of Mother's Birth: TOOELE, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phebe LaVerne Holden
11. Present Address of Registrant: DILLON BEACH, CALIFORNIA

NOTARY

Subscribed and sworn to before me on: FEB. 23 1965

12. Signature of Notary: Ida May Haynes
13. Notary Commission expires: IDA MAY HAYNES My Commission Expires Oct 10, 1968

IDA MAY HAYNES NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SONOMA COUNTY OFFICIAL SEAL

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of Marriage license	obtained in Sacramento County California.	----	Jan.7,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 26 / Idaho	-----	-----	
SUPPORTING RECORD 2.	Duplicate Certificate of Baptism and Confirmation	LDS Church, Petaluma Ward, Santa Rosa Stake	Apr.30,1962	baptized Aug.1,1909
	Sept.2,1900 / Bennington, Idaho	Winnetta Lee	Frank Wright	
SUPPORTING RECORD 3.	Statement from records of Union	Waiters & Waitresses Union Lilas Jones, Secty Local 561	March 17, 1965	April 1947
	Sept.2,1900 / -----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: March 29, 1965

FORM BH 56067

MAR 29 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

1. Name of Person Whose Birth is to be Recorded (First, Middle, Last): [illegible] WRIGHT

2. Date of Birth: (Month) SEPT. (Day) 8 (Year) 1894

3. Place of Birth: (City or Town) [illegible] (County) SALT LAKE (State) UTAH

4. Sex: [illegible]

5. Color or Race: [illegible]

6. Full Name of Father: [illegible] WRIGHT

7. Birthplace of Father: (State or Country) [illegible]

8. Full Maiden Name of Mother: [illegible] WRIGHT

9. Birthplace of Mother: (State or Country) [illegible]

10. Name and Address of Informant: [illegible] WRIGHT, SALT LAKE CITY, UTAH

11. Relationship of Informant to Person Whose Birth is to be Recorded: [illegible]

12. Signature of Informant: [illegible]

13. Name and Address of Person Who Prepared This Form: [illegible]

14. Signature of Person Who Prepared This Form: [illegible]

15. Date This Form Was Prepared: [illegible]

16. Name and Address of Person Who Will File This Form: [illegible]

17. Signature of Person Who Will File This Form: [illegible]

18. Date This Form Will Be Filed: [illegible]

19. Evidence Submitted: [illegible]

20. Remarks: [illegible]

21. Registrar's Signature: [illegible]

22. Date Filed: [illegible]

23. Registrar's Number: [illegible]

24. Local Registrar: [illegible]

25. Date Certified Copy Issued: [illegible]

26. Fee Collected: [illegible]

27. Certified Copy Issued By: [illegible]

28. Date Certified Copy Issued: [illegible]

29. Certified Copy Issued To: [illegible]

30. Relationship of Person to Whom Certified Copy Issued: [illegible]

31. Purpose for Which Certified Copy Issued: [illegible]

32. Signature of Person to Whom Certified Copy Issued: [illegible]

33. Address of Person to Whom Certified Copy Issued: [illegible]

34. Date Certified Copy Issued: [illegible]

35. Certified Copy Issued By: [illegible]

36. Fee Collected: [illegible]

37. Relationship of Person to Whom Certified Copy Issued: [illegible]

38. Purpose for Which Certified Copy Issued: [illegible]

39. Signature of Person to Whom Certified Copy Issued: [illegible]

40. Address of Person to Whom Certified Copy Issued: [illegible]

41. Date Certified Copy Issued: [illegible]

42. Certified Copy Issued By: [illegible]

43. Fee Collected: [illegible]

44. Relationship of Person to Whom Certified Copy Issued: [illegible]

45. Purpose for Which Certified Copy Issued: [illegible]

46. Signature of Person to Whom Certified Copy Issued: [illegible]

47. Address of Person to Whom Certified Copy Issued: [illegible]

48. Date Certified Copy Issued: [illegible]

49. Certified Copy Issued By: [illegible]

50. Fee Collected: [illegible]

51. Relationship of Person to Whom Certified Copy Issued: [illegible]

52. Purpose for Which Certified Copy Issued: [illegible]

53. Signature of Person to Whom Certified Copy Issued: [illegible]

54. Address of Person to Whom Certified Copy Issued: [illegible]

55. Date Certified Copy Issued: [illegible]

56. Certified Copy Issued By: [illegible]

57. Fee Collected: [illegible]

58. Relationship of Person to Whom Certified Copy Issued: [illegible]

59. Purpose for Which Certified Copy Issued: [illegible]

60. Signature of Person to Whom Certified Copy Issued: [illegible]

61. Address of Person to Whom Certified Copy Issued: [illegible]

62. Date Certified Copy Issued: [illegible]

63. Certified Copy Issued By: [illegible]

64. Fee Collected: [illegible]

65. Relationship of Person to Whom Certified Copy Issued: [illegible]

66. Purpose for Which Certified Copy Issued: [illegible]

67. Signature of Person to Whom Certified Copy Issued: [illegible]

68. Address of Person to Whom Certified Copy Issued: [illegible]

69. Date Certified Copy Issued: [illegible]

70. Certified Copy Issued By: [illegible]

71. Fee Collected: [illegible]

72. Relationship of Person to Whom Certified Copy Issued: [illegible]

73. Purpose for Which Certified Copy Issued: [illegible]

74. Signature of Person to Whom Certified Copy Issued: [illegible]

75. Address of Person to Whom Certified Copy Issued: [illegible]

76. Date Certified Copy Issued: [illegible]

77. Certified Copy Issued By: [illegible]

78. Fee Collected: [illegible]

79. Relationship of Person to Whom Certified Copy Issued: [illegible]

80. Purpose for Which Certified Copy Issued: [illegible]

81. Signature of Person to Whom Certified Copy Issued: [illegible]

82. Address of Person to Whom Certified Copy Issued: [illegible]

83. Date Certified Copy Issued: [illegible]

84. Certified Copy Issued By: [illegible]

85. Fee Collected: [illegible]

86. Relationship of Person to Whom Certified Copy Issued: [illegible]

87. Purpose for Which Certified Copy Issued: [illegible]

88. Signature of Person to Whom Certified Copy Issued: [illegible]

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90. Date Certified Copy Issued: [illegible]

91. Certified Copy Issued By: [illegible]

92. Fee Collected: [illegible]

93. Relationship of Person to Whom Certified Copy Issued: [illegible]

94. Purpose for Which Certified Copy Issued: [illegible]

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99. Fee Collected: [illegible]

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103. Address of Person to Whom Certified Copy Issued: [illegible]

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105. Certified Copy Issued By: [illegible]

106. Fee Collected: [illegible]

107. Relationship of Person to Whom Certified Copy Issued: [illegible]

108. Purpose for Which Certified Copy Issued: [illegible]

109. Signature of Person to Whom Certified Copy Issued: [illegible]

110. Address of Person to Whom Certified Copy Issued: [illegible]

111. Date Certified Copy Issued: [illegible]

112. Certified Copy Issued By: [illegible]

113. Fee Collected: [illegible]

114. Relationship of Person to Whom Certified Copy Issued: [illegible]

115. Purpose for Which Certified Copy Issued: [illegible]

116. Signature of Person to Whom Certified Copy Issued: [illegible]

117. Address of Person to Whom Certified Copy Issued: [illegible]

118. Date Certified Copy Issued: [illegible]

119. Certified Copy Issued By: [illegible]

120. Fee Collected: [illegible]

121. Relationship of Person to Whom Certified Copy Issued: [illegible]

122. Purpose for Which Certified Copy Issued: [illegible]

123. Signature of Person to Whom Certified Copy Issued: [illegible]

124. Address of Person to Whom Certified Copy Issued: [illegible]

125. Date Certified Copy Issued: [illegible]

126. Certified Copy Issued By: [illegible]

127. Fee Collected: [illegible]

128. Relationship of Person to Whom Certified Copy Issued: [illegible]

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130. Signature of Person to Whom Certified Copy Issued: [illegible]

131. Address of Person to Whom Certified Copy Issued: [illegible]

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133. Certified Copy Issued By: [illegible]

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135. Relationship of Person to Whom Certified Copy Issued: [illegible]

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140. Certified Copy Issued By: [illegible]

141. Fee Collected: [illegible]

142. Relationship of Person to Whom Certified Copy Issued: [illegible]

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146. Date Certified Copy Issued: [illegible]

147. Certified Copy Issued By: [illegible]

148. Fee Collected: [illegible]

149. Relationship of Person to Whom Certified Copy Issued: [illegible]

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151. Signature of Person to Whom Certified Copy Issued: [illegible]

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154. Certified Copy Issued By: [illegible]

155. Fee Collected: [illegible]

156. Relationship of Person to Whom Certified Copy Issued: [illegible]

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160. Date Certified Copy Issued: [illegible]

161. Certified Copy Issued By: [illegible]

162. Fee Collected: [illegible]

163. Relationship of Person to Whom Certified Copy Issued: [illegible]

164. Purpose for Which Certified Copy Issued: [illegible]

165. Signature of Person to Whom Certified Copy Issued: [illegible]

166. Address of Person to Whom Certified Copy Issued: [illegible]

167. Date Certified Copy Issued: [illegible]

168. Certified Copy Issued By: [illegible]

169. Fee Collected: [illegible]

170. Relationship of Person to Whom Certified Copy Issued: [illegible]

171. Purpose for Which Certified Copy Issued: [illegible]

172. Signature of Person to Whom Certified Copy Issued: [illegible]

173. Address of Person to Whom Certified Copy Issued: [illegible]

174. Date Certified Copy Issued: [illegible]

175. Certified Copy Issued By: [illegible]

176. Fee Collected: [illegible]

177. Relationship of Person to Whom Certified Copy Issued: [illegible]

178. Purpose for Which Certified Copy Issued: [illegible]

179. Signature of Person to Whom Certified Copy Issued: [illegible]

180. Address of Person to Whom Certified Copy Issued: [illegible]

181. Date Certified Copy Issued: [illegible]

182. Certified Copy Issued By: [illegible]

183. Fee Collected: [illegible]

184. Relationship of Person to Whom Certified Copy Issued: [illegible]

185. Purpose for Which Certified Copy Issued: [illegible]

186. Signature of Person to Whom Certified Copy Issued: [illegible]

187. Address of Person to Whom Certified Copy Issued: [illegible]

188. Date Certified Copy Issued: [illegible]

189. Certified Copy Issued By: [illegible]

190. Fee Collected: [illegible]

191. Relationship of Person to Whom Certified Copy Issued: [illegible]

192. Purpose for Which Certified Copy Issued: [illegible]

193. Signature of Person to Whom Certified Copy Issued: [illegible]

194. Address of Person to Whom Certified Copy Issued: [illegible]

195. Date Certified Copy Issued: [illegible]

196. Certified Copy Issued By: [illegible]

197. Fee Collected: [illegible]

198. Relationship of Person to Whom Certified Copy Issued: [illegible]

199. Purpose for Which Certified Copy Issued: [illegible]

200. Signature of Person to Whom Certified Copy Issued: [illegible]

201. Address of Person to Whom Certified Copy Issued: [illegible]

202. Date Certified Copy Issued: [illegible]

203. Certified Copy Issued By: [illegible]

204. Fee Collected: [illegible]

205. Relationship of Person to Whom Certified Copy Issued: [illegible]

206. Purpose for Which Certified Copy Issued: [illegible]

207. Signature of Person to Whom Certified Copy Issued: [illegible]

208. Address of Person to Whom Certified Copy Issued: [illegible]

209. Date Certified Copy Issued: [illegible]

210. Certified Copy Issued By: [illegible]

211. Fee Collected: [illegible]

212. Relationship of Person to Whom Certified Copy Issued: [illegible]

213. Purpose for Which Certified Copy Issued: [illegible]

214. Signature of Person to Whom Certified Copy Issued: [illegible]

215. Address of Person to Whom Certified Copy Issued: [illegible]

216. Date Certified Copy Issued: [illegible]

217. Certified Copy Issued By: [illegible]

218. Fee Collected: [illegible]

219. Relationship of Person to Whom Certified Copy Issued: [illegible]

220. Purpose for Which Certified Copy Issued: [illegible]

221. Signature of Person to Whom Certified Copy Issued: [illegible]

222. Address of Person to Whom Certified Copy Issued: [illegible]

223. Date Certified Copy Issued: [illegible]

224. Certified Copy Issued By: [illegible]

225. Fee Collected: [illegible]

226. Relationship of Person to Whom Certified Copy Issued: [illegible]

227. Purpose for Which Certified Copy Issued: [illegible]

228. Signature of Person to Whom Certified Copy Issued: [illegible]

229. Address of Person to Whom Certified Copy Issued: [illegible]

230. Date Certified Copy Issued: [illegible]

231. Certified Copy Issued By: [illegible]

232. Fee Collected: [illegible]

233. Relationship of Person to Whom Certified Copy Issued: [illegible]

234. Purpose for Which Certified Copy Issued: [illegible]

235. Signature of Person to Whom Certified Copy Issued: [illegible]

236. Address of Person to Whom Certified Copy Issued: [illegible]

237. Date Certified Copy Issued: [illegible]

238. Certified Copy Issued By: [illegible]

239. Fee Collected: [illegible]

240. Relationship of Person to Whom Certified Copy Issued: [illegible]

241. Purpose for Which Certified Copy Issued: [illegible]

242. Signature of Person to Whom Certified Copy Issued: [illegible]

243. Address of Person to Whom Certified Copy Issued: [illegible]

244. Date Certified Copy Issued: [illegible]

245. Certified Copy Issued By: [illegible]

246. Fee Collected: [illegible]

247. Relationship of Person to Whom Certified Copy Issued: [illegible]

248. Purpose for Which Certified Copy Issued: [illegible]

249. Signature of Person to Whom Certified Copy Issued: [illegible]

250. Address of Person to Whom Certified Copy Issued: [illegible]

251. Date Certified Copy Issued: [illegible]

252. Certified Copy Issued By: [illegible]

253. Fee Collected: [illegible]

254. Relationship of Person to Whom Certified Copy Issued: [illegible]

255. Purpose for Which Certified Copy Issued: [illegible]

256. Signature of Person to Whom Certified Copy Issued: [illegible]

257. Address of Person to Whom Certified Copy Issued: [illegible]

258. Date Certified Copy Issued: [illegible]

259. Certified Copy Issued By: [illegible]

260. Fee Collected: [illegible]

261. Relationship of Person to Whom Certified Copy Issued: [illegible]

262. Purpose for Which Certified Copy Issued: [illegible]

263. Signature of Person to Whom Certified Copy Issued: [illegible]

264. Address of Person to Whom Certified Copy Issued: [illegible]

265. Date Certified Copy Issued: [illegible]

266. Certified Copy Issued By: [illegible]

267. Fee Collected: [illegible]

268. Relationship of Person to Whom Certified Copy Issued: [illegible]

269. Purpose for Which Certified Copy Issued: [illegible]

270. Signature of Person to Whom Certified Copy Issued: [illegible]

271. Address of Person to Whom Certified Copy Issued: [illegible]

272. Date Certified Copy Issued: [illegible]

273. Certified Copy Issued By: [illegible]

274. Fee Collected: [illegible]

275. Relationship of Person to Whom Certified Copy Issued: [illegible]

276. Purpose for Which Certified Copy Issued: [illegible]

277. Signature of Person to Whom Certified Copy Issued: [illegible]

278. Address of Person to Whom Certified Copy Issued: [illegible]

279. Date Certified Copy Issued: [illegible]

280. Certified Copy Issued By: [illegible]

281. Fee Collected: [illegible]

282. Relationship of Person to Whom Certified Copy Issued: [illegible]

283. Purpose for Which Certified Copy Issued: [illegible]

284. Signature of Person to Whom Certified Copy Issued: [illegible]

285. Address of Person to Whom Certified Copy Issued: [illegible]

286. Date Certified Copy Issued: [illegible]

287. Certified Copy Issued By: [illegible]

288. Fee Collected: [illegible]

289. Relationship of Person to Whom Certified Copy Issued: [illegible]

290. Purpose for Which Certified Copy Issued: [illegible]

291. Signature of Person to Whom Certified Copy Issued: [illegible]

292. Address of Person to Whom Certified Copy Issued: [illegible]

293. Date Certified Copy Issued: [illegible]

294. Certified Copy Issued By: [illegible]

295. Fee Collected: [illegible]

296. Relationship of Person to Whom Certified Copy Issued: [illegible]

297. Purpose for Which Certified Copy Issued: [illegible]

298. Signature of Person to Whom Certified Copy Issued: [illegible]

299. Address of Person to Whom Certified Copy Issued: [illegible]

300. Date Certified Copy Issued: [illegible]

301. Certified Copy Issued By: [illegible]

302. Fee Collected: [illegible]

303. Relationship of Person to Whom Certified Copy Issued: [illegible]

304. Purpose for Which Certified Copy Issued: [illegible]

305. Signature of Person to Whom Certified Copy Issued: [illegible]

306. Address of Person to Whom Certified Copy Issued: [illegible]

307. Date Certified Copy Issued: [illegible]

308. Certified Copy Issued By: [illegible]

309. Fee Collected: [illegible]

310. Relationship of Person to Whom Certified Copy Issued: [illegible]

311. Purpose for Which Certified Copy Issued: [illegible]

312. Signature of Person to Whom Certified Copy Issued: [illegible]

313. Address of Person to Whom Certified Copy Issued: [illegible]

314. Date Certified Copy Issued: [illegible]

315. Certified Copy Issued By: [illegible]

316. Fee Collected: [illegible]

317. Relationship of Person to Whom Certified Copy Issued: [illegible]

318. Purpose for Which Certified Copy Issued: [illegible]

319. Signature of Person to Whom Certified Copy Issued: [illegible]

320. Address of Person to Whom Certified Copy Issued: [illegible]

321. Date Certified Copy Issued: [illegible]

322. Certified Copy Issued By: [illegible]

323. Fee Collected: [illegible]

324. Relationship of Person to Whom Certified Copy Issued: [illegible]

325. Purpose for Which Certified Copy Issued: [illegible]

326. Signature of Person to Whom Certified Copy Issued: [illegible]

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328. Date Certified Copy Issued: [illegible]

329. Certified Copy Issued By: [illegible]

330. Fee Collected: [illegible]

331. Relationship of Person to Whom Certified Copy Issued: [illegible]

332. Purpose for Which Certified Copy Issued: [illegible]

333. Signature of Person to Whom Certified Copy Issued: [illegible]

334. Address of Person to Whom Certified Copy Issued: [illegible]

335. Date Certified Copy Issued: [illegible]

336. Certified Copy Issued By: [illegible]

337. Fee Collected: [illegible]

338. Relationship of Person to Whom Certified Copy Issued: [illegible]

339. Purpose for Which Certified Copy Issued: [illegible]

340. Signature of Person to Whom Certified Copy Issued: [illegible]

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342. Date Certified Copy Issued: [illegible]

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344. Fee Collected: [illegible]

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350. Certified Copy Issued By: [illegible]

351. Fee Collected: [illegible]

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356. Date Certified Copy Issued: [illegible]

357. Certified Copy Issued By: [illegible]

358. Fee Collected: [illegible]

359. Relationship of Person to Whom Certified Copy Issued: [illegible]

360. Purpose for Which Certified Copy Issued: [illegible]

361. Signature of Person to Whom Certified Copy Issued: [illegible]

362. Address of Person to Whom Certified Copy Issued: [illegible]

363. Date Certified Copy Issued: [illegible]

364. Certified Copy Issued By: [illegible]

365. Fee Collected: [illegible]

366. Relationship of Person to Whom Certified Copy Issued: [illegible]

367. Purpose for Which Certified Copy Issued: [illegible]

368. Signature of Person to Whom Certified Copy Issued: [illegible]

369. Address of Person to Whom Certified Copy Issued: [illegible]

370. Date Certified Copy Issued: [illegible]

371. Certified Copy Issued By: [illegible]

372. Fee Collected: [illegible]

373. Relationship of Person to Whom Certified Copy Issued: [illegible]

374. Purpose for Which Certified Copy Issued: [illegible]

375. Signature of Person to Whom Certified Copy Issued: [illegible]

376. Address of Person to Whom Certified Copy Issued: [illegible]

377. Date Certified Copy Issued: [illegible]

378. Certified Copy Issued By: [illegible]

379. Fee Collected: [illegible]

380. Relationship of Person to Whom Certified Copy Issued: [illegible]

381. Purpose for Which Certified Copy Issued: [illegible]

382. Signature of Person to Whom Certified Copy Issued: [illegible]

383. Address of Person to Whom Certified Copy Issued: [illegible]

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385. Certified Copy Issued By: [illegible]

386. Fee Collected: [illegible]

387. Relationship of Person to Whom Certified Copy Issued: [illegible]

388. Purpose for Which Certified Copy Issued: [illegible]

389. Signature of Person to Whom Certified Copy Issued: [illegible]

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393. Fee Collected: [illegible]

394. Relationship of Person to Whom Certified Copy Issued: [illegible]

395. Purpose for Which Certified Copy Issued: [illegible]

396. Signature of Person to Whom Certified Copy Issued: [illegible]

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400. Fee Collected: [illegible]

401. Relationship of Person to Whom Certified Copy Issued: [illegible]

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413. Certified Copy Issued By: [illegible]

414. Fee Collected: [illegible]

415. Relationship of Person to Whom Certified Copy Issued: [illegible]

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428. Fee Collected: [illegible]

429. Relationship of Person to Whom Certified Copy Issued: [illegible]

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435. Fee Collected: [illegible]

436. Relationship of Person to Whom Certified Copy Issued: [illegible]

437. Purpose for Which Certified Copy Issued: [illegible]

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439. Address of Person to Whom Certified Copy Issued: [illegible]

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442. Fee Collected: [illegible]

443. Relationship of Person to Whom Certified Copy Issued: [illegible]

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449. Fee Collected: [illegible]

450. Relationship of Person to Whom Certified Copy Issued: [illegible]

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456. Fee Collected: [illegible]

457. Relationship of Person to Whom Certified Copy Issued: [illegible]

458. Purpose for Which Certified Copy Issued: [illegible]

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463. Fee Collected: [illegible]

464. Relationship of Person to Whom Certified Copy Issued: [illegible]

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470. Fee Collected: [illegible]

471. Relationship of Person to Whom Certified Copy Issued: [illegible]

472. Purpose for Which Certified Copy Issued: [illegible]

473. Signature of Person to Whom Certified Copy Issued: [illegible]

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476. Certified Copy Issued By: [illegible]

477. Fee Collected: [illegible]

478. Relationship of Person to Whom Certified Copy Issued: [illegible]

479. Purpose for Which Certified Copy Issued: [illegible]

480. Signature of Person to Whom Certified Copy Issued: [illegible]

481. Address of Person to Whom Certified Copy Issued: [illegible]

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484. Fee Collected: [illegible]

485. Relationship of Person to Whom Certified Copy Issued: [illegible]

486. Purpose for Which Certified Copy Issued: [illegible]

487. Signature of Person to Whom Certified Copy Issued: [illegible]

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490. Certified Copy Issued By: [illegible]

491. Fee Collected: [illegible]

492. Relationship of Person to Whom Certified Copy Issued: [illegible]

493. Purpose for Which Certified Copy Issued: [illegible]

494. Signature of Person to Whom Certified Copy Issued: [illegible]

495. Address of Person to Whom Certified Copy Issued: [illegible]

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497. Certified Copy Issued By: [illegible]

498. Fee Collected: [illegible]

499. Relationship of Person to Whom Certified Copy Issued: [illegible]

500. Purpose for Which Certified Copy Issued: [illegible]

501. Signature of Person to Whom Certified Copy Issued: [illegible]

502. Address of Person to Whom Certified Copy Issued: [illegible]

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504. Certified Copy Issued By: [illegible]

505. Fee Collected: [illegible]

506. Relationship of Person to Whom Certified Copy Issued: [illegible]

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511. Certified Copy Issued By: [illegible]

512. Fee Collected: [illegible]

513. Relationship of Person to Whom Certified Copy Issued: [illegible]

514. Purpose for Which Certified Copy Issued: [illegible]

515. Signature of Person to Whom Certified Copy Issued: [illegible]

516. Address of Person to Whom Certified Copy Issued: [illegible]

517. Date Certified Copy Issued: [illegible]

518. Certified Copy Issued By: [illegible]

519. Fee Collected: [illegible]

520. Relationship of Person to Whom Certified Copy Issued: [illegible]

521. Purpose for Which Certified Copy Issued: [illegible]

522. Signature of Person to Whom Certified Copy Issued: [illegible]

523. Address of Person to Whom Certified Copy Issued: [illegible]

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525. Certified Copy Issued By: [illegible]

526. Fee Collected: [illegible]

527. Relationship of Person to Whom Certified Copy Issued: [illegible]

528. Purpose for Which Certified Copy Issued: [illegible]

529. Signature of Person to Whom Certified Copy Issued: [illegible]

530. Address of Person to Whom Certified Copy Issued: [illegible]

531. Date Certified Copy Issued: [illegible]

532. Certified Copy Issued By: [illegible]

533. Fee Collected: [illegible]

534. Relationship of Person to Whom Certified Copy Issued: [illegible]

535. Purpose for Which Certified Copy Issued: [illegible]

536. Signature of Person to Whom Certified Copy Issued: [illegible]

537. Address of Person to Whom Certified Copy Issued: [illegible]

538. Date Certified Copy Issued: [illegible]

539. Certified Copy Issued By: [illegible]

540. Fee Collected: [illegible]

541. Relationship of Person to Whom Certified Copy Issued: [illegible]

542. Purpose for Which Certified Copy Issued: [illegible]

543. Signature of Person to Whom Certified Copy Issued: [illegible]

544. Address of Person to Whom Certified Copy Issued: [illegible]

545. Date Certified Copy Issued: [illegible]

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547. Fee Collected: [illegible]

548. Relationship of Person to Whom Certified Copy Issued: [illegible]

549. Purpose for Which Certified Copy Issued: [illegible]

550. Signature of Person to Whom Certified Copy Issued: [illegible]

551. Address of Person to Whom Certified Copy Issued: [illegible]

552. Date Certified Copy Issued: [illegible]

553. Certified Copy Issued By: [illegible]

554. Fee Collected: [illegible]

555. Relationship of Person to Whom Certified Copy Issued: [illegible]

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557. Signature of Person to Whom Certified Copy Issued: [illegible]

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561. Fee Collected: [illegible]

562. Relationship of Person to Whom Certified Copy Issued: [illegible]

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564. Signature of Person to Whom Certified Copy Issued: [illegible]

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566. Date Certified Copy Issued: [illegible]

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568. Fee Collected: [illegible]

569. Relationship of Person to Whom Certified Copy Issued: [illegible]

570. Purpose for Which Certified Copy Issued: [illegible]

571. Signature of Person to Whom Certified Copy Issued: [illegible]

572. Address of Person to Whom Certified Copy Issued: [illegible]

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575. Fee Collected: [illegible]

576. Relationship of Person to Whom Certified Copy Issued: [illegible]

577. Purpose for Which Certified Copy Issued: [illegible]

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582. Fee Collected: [illegible]

583. Relationship of Person to Whom Certified Copy Issued: [illegible]

584. Purpose for Which Certified Copy Issued: [illegible]

585. Signature of Person to Whom Certified Copy Issued: [illegible]

586. Address of Person to Whom Certified Copy Issued: [illegible]

587. Date Certified Copy Issued: [illegible]

588. Certified Copy Issued By: [illegible]

589. Fee Collected: [illegible]

590. Relationship of Person to Whom Certified Copy Issued: [illegible]

591. Purpose for Which Certified Copy Issued: [illegible]

592. Signature of Person to Whom Certified Copy Issued: [illegible]

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594. Date Certified Copy Issued: [illegible]

595. Certified Copy Issued By: [illegible]

596. Fee Collected: [illegible]

597. Relationship of Person to Whom Certified Copy Issued: [illegible]

598. Purpose for Which Certified Copy Issued: [illegible]

599. Signature of Person to Whom Certified Copy Issued: [illegible]

600. Address of Person to Whom Certified Copy Issued: [illegible]

601. Date Certified Copy Issued: [illegible]

602. Certified Copy Issued By: [illegible]

603. Fee Collected: [illegible]

604. Relationship of Person to Whom Certified Copy Issued: [illegible]

605. Purpose for Which Certified Copy Issued: [illegible]

606. Signature of Person to Whom Certified Copy Issued: [illegible]

607. Address of Person to Whom Certified Copy Issued: [illegible]

608. Date Certified Copy Issued: [illegible]

609. Certified Copy Issued By: [illegible]

610. Fee Collected: [illegible]

611. Relationship of Person to Whom Certified Copy Issued: [illegible]

612. Purpose for Which Certified Copy Issued: [illegible]

613. Signature of Person to Whom Certified Copy Issued: [illegible]

614. Address of Person to Whom Certified Copy Issued: [illegible]

615. Date Certified Copy Issued: [illegible]

616. Certified Copy Issued By: [illegible]

617. Fee Collected: [illegible]

618. Relationship of Person to Whom Certified Copy Issued: [illegible]

619. Purpose for Which Certified Copy Issued: [illegible]

620. Signature of Person to Whom Certified Copy Issued: [illegible]

621. Address of Person to Whom Certified Copy Issued: [illegible]

622. Date Certified Copy Issued: [illegible]

623. Certified Copy Issued By: [illegible]

624. Fee Collected: [illegible]

625. Relationship of Person to Whom Certified Copy Issued: [illegible]

626. Purpose for Which Certified Copy Issued: [illegible]

627. Signature of Person to Whom Certified Copy Issued: [illegible]

628. Address of Person to Whom Certified Copy Issued: [illegible]

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630. Certified Copy Issued By: [illegible]

631. Fee Collected: [illegible]

632. Relationship of Person to Whom Certified Copy Issued: [illegible]

633. Purpose for Which Certified Copy Issued: [illegible]

634. Signature of Person to Whom Certified Copy Issued: [illegible]

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639. Relationship of Person to Whom Certified Copy Issued: [illegible]

640. Purpose for Which Certified Copy Issued: [illegible]

641. Signature of Person to Whom Certified Copy Issued: [illegible]

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645. Fee Collected: [illegible]

646. Relationship of Person to Whom Certified Copy Issued: [illegible]

647. Purpose for Which Certified Copy Issued: [illegible]

648. Signature of Person to Whom Certified Copy Issued: [illegible]

649. Address of Person to Whom Certified Copy Issued: [illegible]

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652. Fee Collected: [illegible]

653. Relationship of Person to Whom Certified Copy Issued: [illegible]

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659. Fee Collected: [illegible]

660. Relationship of Person to Whom Certified Copy Issued: [illegible]

661. Purpose for Which Certified Copy Issued: [illegible]

662. Signature of Person to Whom Certified Copy Issued: [illegible]

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665. Certified Copy Issued By: [illegible]

666. Fee Collected: [illegible]

667. Relationship of Person to Whom Certified Copy Issued: [illegible]

668. Purpose for Which Certified Copy Issued: [illegible]

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673. Fee Collected: [illegible]

674. Relationship of Person to Whom Certified Copy Issued: [illegible]

675. Purpose for Which Certified Copy Issued: [illegible]

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680. Fee Collected: [illegible]

681. Relationship of Person to Whom Certified Copy Issued: [illegible]

682. Purpose for Which Certified Copy Issued: [illegible]

683. Signature of Person to Whom Certified Copy Issued: [illegible]

684. Address of Person to Whom Certified Copy Issued: [illegible]

685. Date Certified Copy Issued: [illegible]

686. Certified Copy Issued By

V45-122-003-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-199

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifton Munn
2. Date Of Birth (month) (day) (year): Oct 22 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello - Idaho

FATHER

6. Full Name of Father: Joshua Richard Munn
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Katherine Taylor
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clifton Munn
11. Present Address of Registrant: 341 So. Hayes Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 8 1961
12. Signature of Notary: Hazel Godfrey
13. Notary Commission expires: July 1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment records	Railway Express Agency, I.A. Johnson, Agent, Pocatello, Idaho	Jan. 13, 1962	Oct. 27, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 22, 1900	------	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of birth	William C. Spillman Age 83	Nov. 30, 1964	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 22, 1900	Pocatello, Idaho	Catherine Taylor Munn	Joshua Richard Munn

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital records	Bannock Memorial Hospital	-----	admitted April 24, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 22, 1900	Pocatello	Kathryn Taylor	Joshua Munn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: March 29, 1965

FORM BH 56067

719-124-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-259

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stephen James Gardner		2. Date of Birth (month) Dec (day) 24 (year) 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: Brigham Edward Gardner		7. State or Country of Father's Birth: Menden, Utah
MOTHER	8. Full Maiden Name of Mother: Elnora Robins Gardner		9. State or Country of Mother's Birth: Henderson Creek Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stephen James Gardner	11. Present Address of Registrant: St. Anthony # 1 Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 19 65	12. Signature of Notary: LaMonte Bauer, Clerk of District Court	13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: LaMonte Bauer Fremont County Clerk of Dist. Court	Date Issued: March 8, 1965	Date Orig. Entry: Sept. 1919
	Date of Birth: Age 18	Birth Place: -----	Full Name of Mother: ------	Name of Father: Brigham Gardner	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate		By whom issued and signed: On file Idaho #56-8067	Date Issued: ------	Date Orig. Entry: Oct. 30, 1956
	Date of Birth: Age 55	Birth Place: Teton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 79		By whom issued and signed: Thomas Gardner	Date Issued: Feb. 8, 1965	Date Orig. Entry: -----
	Date of Birth: Dec. 24, 1900	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Elnora Robins Gardner	Name of Father: Brigham Edward Gardner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 22, 1965

FORM BH 56067

1 copy paid rec. #9840 (8) 2-16-65

APR 22 1965

Gardner

795-114-029-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Daniel Greer		2. Date Of Birth (month) (day) (year): September 14 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Emerson Roscoe Greer		7. State or Country of Father's Birth: Portsmouth Ohio
MOTHER	8. Full Maiden Name of Mother: Arlena Florence Berry		9. State or Country of Mother's Birth: Stansberry MO.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Daniel Greer	11. Present Address of Registrant: 1305 Indiana Ave. Coeurd'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31, 19 65	12. Signature of Notary: Harold H. Koch	13. Notary Commission expires: July 11, 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding registration for Selective Service	By whom issued and signed: State Headquarters for Sel. Service, Boise, Idaho	Date Issued: March 1, 1965	Date Orig. Entry: Feb. 16, 1942
	Date of Birth: Sept. 14, 1900 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment record	By whom issued and signed: Potlatch Forests, Inc., Rutledge Unit, Coeur d'Alene, Ida.	Date Issued: -----	Date Orig. Entry: July 1, 1952
	Date of Birth: Sept. 14, 1900 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who lived nearby at time born.	By whom issued and signed: Nettie (Greer) Evett Age 89	Date Issued: March 24, 1965	Date Orig. Entry: -----
	Date of Birth: Sept. 14, 1900 / Birth Place: Moscow, Idaho	Full Name of Mother: Florence Greer	Name of Father: Emerson Roscoe Greer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: April 22, 1965

FORM BH 56067

Greer

APR 23 1985

665-229-036-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Owens			2. Date Of Birth (month) July (day) 29 (year) 1900
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Malad Oneida Co.	b. City or Town of Birth: Malad City Idaho.
FATHER	6. Full Name of Father: Edward Tomas Owens.			7. State or Country of Father's Birth: Ogden Utah.
MOTHER	8. Full Maiden Name of Mother: Ellen Eliza Peabody.			9. State or Country of Mother's Birth: Idaho Oneida Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Ellen Owens	11. Present Address of Registrant: 9302 Stewart & Gray Rd. Downey, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1965		12. Signature of Notary: Leslie L Copelan	13. Notary Commission expires: LESLIE L. COPELAN MY COMMISSION EXPIRES MARCH 15, 1966 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Malad Ward, F. E. Jones Clerk	Date Issued: May 21,1911	Date Orig. Entry: baptized May 20,1911
	Date of Birth: July 29, 1900	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Ellen Peabody	Name of Father: Edward T. Owens	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Vital Statistics, State of California	Date Issued: May 10,1965	Date Orig. Entry: child born Sept.26,1927
	Date of Birth: Age 27	Birth Place: Malad City, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Huntington Memorial Hospital Pasadena, California	Date Issued: Apr.28,1965	Date Orig. Entry: July 22,1955
	Date of Birth: July 29, 1900	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 7, 1965

FORM BH 56067

7-24-64 (M) 1 copy paid rec. #1538

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 7 1965

658-172-031-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL ALFRED WEHOLT			2. Date of Birth (month) August (day) 12, (year) 1900	
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: near Peck	
FATHER	6. Full Name of Father: Christen Ellefson Weholt			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Johanna S. Wroolie			9. State or Country of Mother's Birth: United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carl Alfred Weholt	11. Present Address of Registrant: 3734 18th St. Lewiston	
NOTARY (Seal)	Subscribed and sworn to before me on May 15 19 65		12. Signature of Notary	13. Notary Commission expires: April 12 19 68	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #260350	Date Issued: -----	Date Orig. Entry: child born Oct. 24, 1937
	Date of Birth: Age 37	Birth Place: Lewis County, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family record sheet		By whom issued and signed: Family records	Date Issued: May 18, 1965	Date Orig. Entry: obviously old
	Date of Birth: Aug. 12, 1900	Birth Place: Idaho	Full Name of Mother: Johanna S. Wroolie	Name of Father: Christen Ellefson Weholt	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister more than ten years older than Carl		By whom issued and signed: Ida M. Ferguson	Date Issued: Apr. 30, 1965	Date Orig. Entry: -----
	Date of Birth: Aug. 12, 1900	Birth Place: Lewis County, Peck, Idaho	Full Name of Mother: Johanna Wroolie	Name of Father: Christen E. Weholt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 9, 1965

FORM BH 56067

lcp pd rec # 12968 4-19-65

Weholt

JUN 9 1965

432-101-022-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-390

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Lavon McKinlay			2. Date of Birth (month) May (day) 1 (year) 1900	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Teton City Fremont Idaho	a. County: Fremont Co.	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: James Waussen McKinlay			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Josephine Dorcas Meservy			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Lavon McKinlay	11. Present Address of Registrant: 1206 E Hayden, Pocatello Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 20 1964		12. Signature of Notary: George A Peterson	13. Notary Commission expires: Jan 25 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #158055	Date Issued: -----	Date Orig. Entry: child born Nov. 9, 1927
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church Teton Ward, Walter Riggs, Clerk	Date Issued: May 3, 1908	Date Orig. Entry: Baptized May 2, 1908
	Date of Birth: May 1, 1900	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Josephine Meservy	Name of Father: James W. McKinlay	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Josephine Dorcas Meservy McKinlay	Date Issued: Oct. 21, 1964	Date Orig. Entry: -----
	Date of Birth: May 1, 1900	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Josephine Dorcas Meservy McKinlay	Name of Father: James Waussen McKinlay	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: June 10, 1965

FORM BH 56067

James Lavon
Mr. Kinley

JUN 10 1965

NOTARY PUBLIC
STATE OF IDAHO

318-126-035-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-439
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLOYD LUTHER CARTER
2. Date of Birth (month) (day) (year): DEC. 26 1900
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: IDAHO NEZ PERCE
b. City or Town of Birth: GIFFORD

FATHER

6. Full Name of Father: EPPA OWEN CARTER
7. State or Country of Father's Birth: WEST VIRGINIA

MOTHER

8. Full Maiden Name of Mother: LULU GRACE WILLIAMS
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd L. Carter
11. Present Address of Registrant: 4603-S.E. OGDEN ST PORTLAND OREGON

NOTARY (Seal)

Subscribed and sworn to before me on: June 6 1965
12. Signature of Notary: Thomas O. Carter
13. Notary Commission expires: March 30 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement of insurance policy #M95 084 103	Prudential Ins. Co. of America Los Angeles, Calif.	Aug. 21, 1956	Jan. 3, 1949
Class*	Date of Birth: Dec. 26, 1900	Birth Place: Gifford	Full Name of Mother: Lulu William	Name of Father: Eppe Carter
SUPPORTING RECORD 2.	photocopy of application for social security #541-03-2984	Treasury Department	-----	Dec. 4, 1936
Class	Date of Birth: Dec. 26, 1900	Birth Place: Gifford, Idaho Nez Perce County	Full Name of Mother: Lulu Grace Williams	Name of Father: Eppa Owen Carter
SUPPORTING RECORD 3.	Certified copy of own child's birth certificate #1131	Vital Statistics Section State of Oregon	Mar. 3, 1964	child born Mar. 30, 1927
Class	Date of Birth: Age 26	Birth Place: Gifford, Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Glenda Larson	July 2, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registration Division of Vital Statistics

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

1. Registrant's Full Name of Birth		2. Date of Birth (month) (day) (year)
3. Color or Race	4. Sex	5. Place of Birth
6. Full Name of Father		7. Date or Country of Father's Birth
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
10. Signature of Registrant		11. Present Address of Registrant
12. Signature of Notary		13. Notary Commission expires

Notary Public — State of Oregon

SUPPORTING RECORD 1	Type of Document: Statement of insurance policy	By whom issued and signed: Prudential Ins. Co. of America	Date Issued: Aug. 21, 19[illegible]	Date Orig. Entry: Jan. 3, 1949
	Date of Birth: Dec. 26, 1900	Birth Place: Gifford	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class				
SUPPORTING RECORD 2	Type of Document: Notice of application for social security	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 1, 19[illegible]
	Date of Birth: Dec. 26, 1900	Birth Place: Gifford, Idaho Nez Perce County	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class				
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Vital Statistics Section	Date Issued: Nov. 2, 19[illegible]	Date Orig. Entry: [illegible] Nov. 30, 1922
	Date of Birth: Dec. 26	Birth Place: Gifford, Idaho	Full Name of Mother: -----	Name of Father: -----
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larson	July 2, 19[illegible]

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 5 years old.

Jul 555-220-0.93-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-446

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sara Elmina Neeser		2. Date Of Birth (month) (day) (year): October 20 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Joseph Eli Neeser		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Deloretta Green		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sara N. Loveland	11. Present Address of Registrant: 4806 Hawthorne Rd Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: W. W. Benson Notary Public 8 July 1965	12. Signature of Notary	13. Notary Commission expires: Aug 1 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D. S. Certificate of Birth	By whom issued and signed: Joseph F. Smith Church Historian	Date Issued: March 8 1965	Date Orig. Entry: Born Oct. 20, 1900
	Date of Birth: Oct. 20 1900	Birth Place: McCammon, Idaho	Full Name of Mother: Deloretta Green	Name of Father: Joseph Eli Neeser
SUPPORTING RECORD 2.	Type of Document: Statement from Benevicial Life Ins.	By whom issued and signed: E. Arnold Goff Assistant Secretary	Date Issued: March 5, 1965	Date Orig. Entry: Sept. 9 1922
	Date of Birth: Oct. 20 1900	Birth Place: McCammon, Idaho	Full Name of Mother: Deloretta Neeser	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Anthony Mercy Hospital Carol Martin, Medical Records	Date Issued: March 8 1965	Date Orig. Entry: Admission date 4-22-55
	Date of Birth: Oct. 20 1900	Birth Place: McCammon, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 8, 1965

FORM BH 56067

JUL 8 1965

Loveland

747-106-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-485

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Richard Stanford Pugmire
2. Date Of Birth: May 6 1900
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Bear Lake
   b. City or Town of Birth: St. Charles

FATHER

6. Full Name of Father: Richard Staniforth Pugmire
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Emma Bunderson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard Stanford Pugmire
11. Present Address of Registrant: St. Charles, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 21 1965
12. Signature of Notary: [illegible]
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Record of Membership	LDS Church, Salt Lake City, Utah	Apr. 14, 1965	baptized June 28, 1908
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 6, 1900 / St. Charles, Idaho	Emma Bunderson	Richard S. Pugmire	
SUPPORTING RECORD 2.	certified copy of application for license to marry	Cache County, Utah Iver L. Larsen, Clerk	Apr. 29, 1965	June 27, 1931
	May 6, 1900 / St. Charles, Idaho	Emma Bunderson	R. S. Pugmire	
SUPPORTING RECORD 3.	Statement regarding employment records concerning statement signed by parents, on file.	Rulon M. Ellis, Supt. schools	Apr. 28, 1965	Sept. 7, 1931
	May 6, 1900 / ------	Emma Pugmire	Richard Pugmire	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: July 27, 1965

FORM BH 56067

3-28-60

AUG 9 1965

962-129-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-526

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jay Passey Robison
2. Date Of Birth (month) (day) (year): Sept 29 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Montpelier Bear Lake Ida. b. City or Town of Birth: Montpelier Idaho

FATHER

6. Full Name of Father: Charles Albert Robison
7. State or Country of Father's Birth: Pleasant Grove Utah

MOTHER

8. Full Maiden Name of Mother: Cora Francis Passey
9. State or Country of Mother's Birth: Paris Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jay P. Robison
11. Present Address of Registrant: Baker Oregon

NOTARY (Seal)

Subscribed and sworn to before me on July 19 1965

12. Signature of Notary: Bryon D. Nelson
13. Notary Commission expires: April 24 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of Certificate of Baptism and Confirmation	LDS Church	July 29,1909	baptized July 29, 1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.29,1900 / Montpelier,Idaho Bear Lake County	Cora Francis Passey	Charles Albert Robison	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #170784	----	child born April 10, 1929
	Age 28 / Montpelier,Idaho	-----	-----	
SUPPORTING RECORD 3.	Certified copy of affidavits for marriage license	Gem County, Idaho, Donald H. Woodman, recorder	June 25,1965	April 10, 1928
	Age 27 / -----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: August 4, 1965

FORM BH 56067

Robison

AUG 4 1965

CITY OF LIBERTY
PUBLIC

993-117-022-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-583

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon M Richman		2. Date Of Birth (month) (day) (year): November 17 1900
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Teton Cty, Fremont Co, Ida. b. City or Town of Birth: Teton City.
FATHER	6. Full Name of Father: George Henry Erastus Stevenson Richman		7. State or Country of Father's Birth: Maryland
MOTHER	8. Full Maiden Name of Mother: Mary W McKinley		9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon M Richman	11. Present Address of Registrant: 403-19th St Havre, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: July 23, 1965	12. Signature of Notary: Minerva N. Race	13. Notary Commission expires: Sept. 25, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #15904	By whom issued and signed: Great Northwest Life Ins. Co., Spokane, Washington	Date Issued: June 22,1945	Date Orig. Entry: June 16,1945
	Date of Birth: Nov.17,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Marriage license and certificate	By whom issued and signed: Hill County, Montana, George Reid, Minister	Date Issued: Dec.7,1943	Date Orig. Entry: Dec.7,1943
	Date of Birth: Age 43	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Mary W. McKenley	Name of Father: George Henry Richman
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: July 16, 1965	Date Orig. Entry: Jan.6,1901
	Date of Birth: Nov.17,1900	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Mary McKinlay	Name of Father: George Henry Erastus Stevenson Richman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	August 19, 1965

FORM BH 56067 no search made

AUG 20 1965

819-219-025-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Elmina Harrah			2. Date Of Birth (month) April (day) 19 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: White Bird
FATHER	6. Full Name of Father: Wilbur J. Harrah			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Katerine Warfield			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Maude E Ellsworth		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 9, 1965	12. Signature of Notary: J. W. Dishman		13. Notary Commission expires: April 10, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 77	By whom issued and signed: Elbra C. Brown	Date Issued: Aug.10,1965	Date Orig. Entry: -----
	Date of Birth: April 19,1900 / Birth Place: White Bird,Idaho	Full Name of Mother: Katerine E. Warfield	Name of Father: Wilbur J. Harrah	
SUPPORTING RECORD 2.	Type of Document: application for Federal Employment	By whom issued and signed: U.S. Civil Service Commission	Date Issued: Dec.9,1949	Date Orig. Entry: Dec. 9, 1949
	Date of Birth: Apr.19,1900 / Birth Place: White Bird, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Family Record	By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.19,1900 / Birth Place: ----	Full Name of Mother: Katherine Harrah	Name of Father: Wilber Harrah	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 31, 1965

FORM BH 56067 1 copy paid rec. 14958 2nd form sent

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SEP 1 1965

799-110-004-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-601

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Thomas Price or Thomas A.
2. Date Of Birth (month) (day) (year): Dec. 10. 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Geneva Bear Lake.
b. City or Town of Birth: Geneva Idaho.

FATHER

6. Full Name of Father: Albert Thomas Price
7. State or Country of Father's Birth: Brecon, Wales. Feb. 17 1869

MOTHER

8. Full Maiden Name of Mother: Frieda Bertha Boehme Price
9. State or Country of Mother's Birth: Sagong Germany Dec. 2. 1879

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert Thomas Price
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1965
12. Signature of Notary: Ethel E. Gass
13. Notary Commission expires: August 16 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Geneva Ward	Apr.21,1965	baptized Sept. 4, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1900	Geneva, Bear Lake County, Idaho	Frida W. Boehme	Albert T. Price

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person with personal knowledge	Fred W. Boehme Age79	Apr.15,1965	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1900	Bear Lake County	Frieda Boehme Price	Albert Thomas Price

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for license to marry-certified copy	County clerk's office, Salt Lake County, Utah	Aug.12,1965	Feb.14,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.10,1900	Geneva, Idaho	Freeda Behome	Albert Price

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 1, 1965

FORM BH 56067

SEP 1 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bruce

Evans, Arthur

446-205-004-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elma Kathryn Duffin			2. Date of Birth (month) September (day) 5 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Hezekiah Charles Duffin			7. State or Country of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: Frances Jane Budge			9. State or Country of Mother's Birth: Paris, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elma Kathryn Duffin Dallas		11. Present Address of Registrant: Sugar City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 25 1965	12. Signature of Notary: Ronald Barnes		13. Notary Commission expires: July 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #210100		Date Issued: -----	Date Orig. Entry: child born Jan.22,1933
	Date of Birth: Age 32	Birth Place: Montpelier	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Inter-Mountain Life Ins. Co. Insurance Policy #27799	By whom issued and signed: Inter-Mountain Life Ins. Co. Salt Lake City, Utah		Date Issued: Aug.18,1926	Date Orig. Entry: July 13, 1926
	Date of Birth: Sept.5,1900	Birth Place: Montpelier,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Frances B. Duffin		Date Issued: Aug.25,1965	Date Orig. Entry: -----
	Date of Birth: Sept.5,1900	Birth Place: Montpelier, Idaho	Full Name of Mother: Frances Jane Budge Duffin	Name of Father: Hezekiah Charles Duffin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Sept. 2, 1965

FORM BH 56067

SEP 2 1965

Dalling

154-206-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-626

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Hyrum Andrus		2. Date of Birth (month) Aug (day) 6 (year) 1900
	3. Color or Race: white	4. Sex:	5. Place of Birth a. County: Ora Fremont b. City or Town of Birth: Holiday Utah
FATHER	6. Full Name of Father: Hyrum Andrus		7. State or Country of Father's Birth: Clifton Idaho
MOTHER	8. Full Maiden Name of Mother: Virginia Garner		9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Hyrum Andrus	11. Present Address of Registrant: 429 F ST Rupert Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 29th 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: Feb 26 1964

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Jameston, Ward, J.E. Farrer, Clerk	Date issued: Dec.5,1912	Date Orig. Entry: baptized Sept.5,1908
	Date of Birth: Aug.6,1900	Birth Place: Fremont County Ora, Idaho	Full Name of Mother: Virginia Garner	Name of Father: Hyrum Andrus	
SUPPORTING RECORD 2.	Type of Document: patriarchal blessing		By whom issued and signed: LDS Church, David Harry Toyn, Patriarch	Date issued: Jan.20,1917	Date Orig. Entry: Jan.20,1917
	Date of Birth: Aug.6,1900	Birth Place: Ora, Idaho	Full Name of Mother: Virginia Garner Andrus	Name of Father: Hyrum Andrus	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #218770	Date issued: -----	Date Orig. Entry: child born Dec.22,1933
	Date of Birth: Age 33	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Benson	gml Glenda Larson	Sept. 2, 1965

FORM BH 56067

8-12-65

Andrew

SEP 2 1965

23.5-105-021-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loran Kye Stephenson			2. Date Of Birth (month) (day) (year): January 5, 1900
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Harris Archibald Stephenson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sophronia Ann Bennett			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Loran R. Stephenson	11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 19 65		12. Signature of Notary: Adeline L. Hurrel	13. Notary Commission expires: June 1 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation (Duplicate)		By whom issued and signed: LDS Church, Murlen R. Lancaster Bishop-branch Pres.	Date Issued: Sept.20,1965	Date Orig. Entry: baptized Nov.6,1909
	Date of Birth: Jan.5,1900	Birth Place: Mapleton*, Idaho Franklin County	Full Name of Mother: Sophronia Bennett	Name of Father: Harris A. Stephenson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records,		By whom issued and signed: St. Benedict's Hospital, Inc. Jerome, Idaho, Sr. Mary Matthew	Date Issued: Sept.22,1965	Date Orig. Entry: Dec.23,1959
	Date of Birth: Jan.5,1900	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #273952	Date Issued: -----	Date Orig. Entry: child born Nov.24,1938
	Date of Birth: Age 38	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION	Mapleton was an LDS ward located in Franklin County, Idaho.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 30, 1965

FORM BH 56067

SEP 30 1965

Stephenson

381-208-035-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-718

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gene Chaney			2. Date Of Birth (month) 8 (day) 8 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Nezperce	b. City or Town of Birth: Gifford Idaho	
FATHER	6. Full Name of Father: Benjamin Franklin Chaney			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Isabelle Williams			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gene Chaney Dykson		11. Present Address of Registrant: 1073 Lansford Dr. Salem	
NOTARY (Seal)	Subscribed and sworn to before me on: August 30 1965	12. Signature of Notary: Ethel L. Chamberlin		13. Notary Commission expires: Nov 9 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of school records	By whom issued and signed: Lewiston State Normal School Marjorie Neely, registrar	Date Issued: Mar.4,1957	Date Orig. Entry: matriculated 1918	
	Date of Birth: Aug.8,1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #118304	Date Issued: ----	Date Orig. Entry: child born Dec.4,1923	
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Chaney	Date Issued: Mar.30,1959	Date Orig. Entry: ----	
	Date of Birth: Aug.8,1900	Birth Place: Nez Perce County	Full Name of Mother: Mary Chaney	Name of Father: ----	

QUALIFYING INFORMATION

photocopy of application for social security no.544-38-4628 issued by the Social Security Administration gives date of birth as August 8, 1900, place of birth as Gifford, Nez Perce County, Idaho, father's name as Benjamin Franklin Chaney and mother's name as Mary Isabel Williams. Application was made April 30,1954.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	October 4, 1965

FORM BH 56067

OCT 4 1965

Dickson

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date (month) (day) (year)
	3. Color or Race	4. Sex 5. Place of Birth (Attorney) 6. Birth or Town of Birth
FATHER	7. Full Name of Father	8. Name of Country of Father's Birth
MOTHER	9. Full Name of Mother	10. Name of Country of Mother's Birth
	11. Person making you sworn that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant 13. Present Address of Registrant
	14. Sworn and sworn to before me on	15. Signature of Notary 16. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Place	Name of Mother	Name of Father
	[illegible]	----	----	----
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	----	[illegible]
	Date of Birth	Place	Full Name of Mother	Name of Father
	[illegible]	Idaho	----	----
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	Mar. 30, 1965	----
	Date of Birth	Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	----

QUALIFYING INFORMATION: Photocopy of application for social security [illegible] issued by the Social Security Administration [illegible] Birth as August [illegible], 1900, place of birth as Idaho, Mrs. [illegible], Idaho, father's name as Benjamin Franklin Dickey and mother's name as Mary [illegible]. Application was made April 30, 1965.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	October 4, 1965

FORM [illegible]

255-130-025-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-759

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ross Bentz
2. Date Of Birth (month) (day) (year): May 30 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: near Whitebird Idaho
b. City or Town of Birth: Rural - near Whitebird

FATHER

6. Full Name of Father: Charles Bentz
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Emma Marie Crooks
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ross Bentz
11. Present Address of Registrant: Whitebird, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 8, 1965

12. Signature of Notary: Paul G. Eimers
13. Notary Commission expires: February 25 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of petition for lodge membership	Whitebird Lodge #72 Independent Order of Odd Fellows	Oct.1965	Jan. 4, 1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 30,1900 / Whitebird, Idaho	Mrs. Emma Bentz	-----	
SUPPORTING RECORD 2.	Affidavit by cousin Age 85	Mattie Wyatt	Oct.9,1965	-----
	May 30,1900 / ranch near Whitebird, Idaho	Emma Marie Crooks	Charles Bentz	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #415948	-----	child born Jan.5,1946
	Age 45 / Whitebird, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	October 26,1965

FORM BH 56067

OCT 26 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Bentz

REGISTRANT	1. Registrant's Full Name at Birth: Rose Bentz	2. Date of Birth (month) (day) (year): May 10, 1900
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: near Whitebird, Idaho	6. City or Town of Birth: Rural - near Whitebird
FATHER	6. Full Name of Father: Charles Bentz	7. State or Country of Father's Birth: Germany
	8. Full Maiden Name of Mother: Emma Marie Crook	9. State or Country of Mother's Birth: Oregon
	10. Signature of Registrant	11. Present Address of Registrant: Whitebird, Idaho
	12. Signature of Notary	13. Notary Commission Expires: February 23, 1966

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Oct. 9, 1965
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Oct. 9, 1965
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as was forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	October [illegible], 1965

296-104-025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-813

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Monroe Brotnov			2. Date Of Birth (month) October (day) 4 (year) 1900	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Clearwater	Idaho
FATHER	6. Full Name of Father: Mikal Christensen Brotnov			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Margaret Brown			9. State or Country of Mother's Birth: Ontario, Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ralph Monroe Brotnov	11. Present Address of Registrant: 1426 18th Ave., Lewiston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 19 58		12. Signature of Notary: D. L. Emery	13. Notary Commission expires: 10-20 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age		By whom issued and signed: 73, W. L. Brown	Date Issued: 4-29-58	Date Orig. Entry:
	Date of Birth: Oct. 4, 1900	Birth Place: Clearwater, Idaho	Full Name of Mother: Maraget Brown Brotnov	Name of Father: Mikal Christensen Brotnov	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #132670	Date Issued: -----	Date Orig. Entry: child born June 28, 1925
	Date of Birth: Age 24	Birth Place: Clearwater, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement of Selective Service registration		By whom issued and signed: State Headquarters for Selective service, A. Woodmore, Adm. div.	Date Issued: Oct. 18, 1965	Date Orig. Entry: Feb. 16, 1942
	Date of Birth: Oct. 4, 1900	Birth Place: Clearwater, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson mr	Date Filed: November 9, 1965

FORM BH 56067

NOV 18 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

587-204-006-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-814

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Louise ~~Ellen~~ Nygard			2. Date of Birth (month) November (day) 4 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Blackfoot Ida. Bingham	b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: James P. Nygard			7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Melinda Jane Watson			9. State or Country of Mother's Birth: Ogden Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Atkinson		11. Present Address of Registrant: 722 - 9th Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 16 1965	12. Signature of Notary: Anna M Lahr		13. Notary Commission expires: 6-1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census records		By whom issued and signed: U.S. Department of Commerce Bureau of The Census	Date Issued: July 23,1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: Melinda Nygard	Name of Father: James P. Nygard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age76		By whom issued and signed: Ada M. Sutton	Date Issued: June 28,1965	Date Orig. Entry: ------
	Date of Birth: Nov.4,1900	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Malinda Jane Watson Nygard	Name of Father: James P. Nygard	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records Kimberly High School		By whom issued and signed: Kimberly Public Schools, Robert Sherman, Supt.	Date Issued: Nov.1,1965	Date Orig. Entry: Sept. 1916
	Date of Birth: Nov.4,1900	Birth Place: ------	Full Name of Mother: -------	Name of Father: James Nygard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	November 9,1965

FORM BH 56067

Atkinson

NOV 9 1965

699-118-004-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-873

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee King Orr			2. Date Of Birth (month) (day) (year): April 18, 1900
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Sharon, Bear Lake	b. City or Town of Birth: Sharon, Idaho
FATHER	6. Full Name of Father: Thomas Charles Orr			7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Emily Jane King			9. State or Country of Mother's Birth: Idaho, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee King Orr		11. Present Address of Registrant: Box 24 Fort Macleod, Alberta, Canada.
NOTARY (Seal)	Subscribed and sworn to before me on: November 17th 19 65	12. Signature of Notary: [illegible]		13. Notary Commission expires: At the pleasure of the Lieut. Gov. Of the Prov. of Alberta.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport (Canada) #A179935	By whom issued and signed: Dept. of External Affairs, Ottawa, Canada	Date Issued: Mar.10,1941	Date Orig. Entry: Mar.10,1941	
	Date of Birth: Apr.18,1900	Birth Place: Bear Lake County Idaho USA	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: duplicate Certificate of Blessing	By whom issued and signed: LDS Church W. R. Parker, Bishop	Date Issued: -----	Date Orig. Entry: blessed June 3, 1900	
	Date of Birth: Apr.18,1900	Birth Place: Sharon, Idaho USA	Full Name of Mother: Emily J. King	Name of Father: Thomas C. Orr	
SUPPORTING RECORD 3.	Type of Document: Certificate of record of membership	By whom issued and signed: LDS Church, Salt Lake City Utah	Date Issued: June 30,1965	Date Orig. Entry: baptized Oct.25,1908	
	Date of Birth: Apr.18,1900	Birth Place: Sharon, Idaho	Full Name of Mother: Emily Jane King	Name of Father: Thomas Charles Orr	

QUALIFYING INFORMATION: Statement of hospital record by St. Michael's General Hospital in Lethbridge, Alberta, states that his age as of February 4, 1943 was 42

REGISTRAR'S CERTIFICATION (seal)

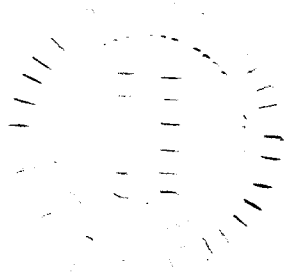
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Dec. 1, 1965

FORM BH 56067

DEC 1 1965

APR 14 1987



689-103-035-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Linneaus Earle White			2. Date Of Birth (month) Jan. (day) 3, (year) 1900	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston, Idaho	
FATHER	6. Full Name of Father: Edmund R. White			7. State or Country of Father's Birth: Old Town, Maine	
MOTHER	8. Full Maiden Name of Mother: Mary E. Strong			9. State or Country of Mother's Birth: Riley County, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Linneaus Earl White	11. Present Address of Registrant: 1609 Nois St. Lewiston Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 25, 1966 19		12. Signature of Notary: J. D. Nicholson	13. Notary Commission expires: Aug. 31, 19 68	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth (more than 75 years old)		By whom issued and signed: Thomas W. Boise	Date Issued: Jan.25,1966	Date Orig. Entry: -----
	Date of Birth: Jan.3,1900	Birth Place: Lewiston, Idaho	Full Name of Mother: Mary E. Strong	Name of Father: Edmund R. White	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible		By whom issued and signed: Family Bible records/J.D. Nicholson, Notary	Date Issued: Jan.25,1966	Date Orig. Entry: obviously old
	Date of Birth: Jan.3,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge paper		By whom issued and signed: U.S. Marine Corps, W.R.Affleck 2nd Lt.	Date Issued: separated Apr.26,1919	Date Orig. Entry: enlisted Nov.22,1918
	Date of Birth: Jan.3,1900	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

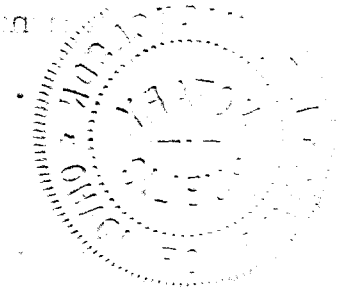
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 28, 1966

FORM BH 56067

JAN 28 1966



168-202-022-288

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orphus Sadilla Johnston		2. Date of Birth (month) March (day) 2 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Teton City Fremont; b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Jacob Johnston		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Sadilla Bird		9. State or Country of Mother's Birth: Mendon Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orphus J. Welch	11. Present Address of Registrant: Shelley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1966	12. Signature of Notary: M. L. Johnston	13. Notary Commission expires: March 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 10-31-1889)	By whom issued and signed: Emma Bianca Johnston Allen	Date Issued: Jan.30,1966	Date Orig. Entry: -----
	Date of Birth: Mar.2,1900	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Sara Sadilla Bird Johnston	Name of Father: Jacob Johnston
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Fremont County, Idaho LaMonte Bauer, recorder	Date Issued: Feb.1,1966	Date Orig. Entry: June 1,1925
	Date of Birth: Age 25	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #333772	Date Issued: -----	Date Orig. Entry: child born Dec.4, 1941
	Date of Birth: Age 41	Birth Place: Teton, Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

Statement regarding school records in Fremont County, Idaho for school year 1919-20 gives age as 19 years and father's name as Jacob Johnston. Statement made 2-1-66

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 10, 1966

FORM BH 56067

1-18-66

FEB 1 1 1966

764-218-036-36C

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-152
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Manilla Lowe Poulter
2. Date Of Birth (month) Dec. (day) 18 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin Oneida Idaho
b. City or Town of Birth: Franklin Idaho

FATHER

6. Full Name of Father: Thomas James Poulter
7. State or Country of Father's Birth: Sandy, Utah

MOTHER

8. Full Maiden Name of Mother: Louise Elizabeth Lowe (Poulter) (wife)
9. State or Country of Mother's Birth: Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Manilla Lowe Poulter
11. Present Address of Registrant: Brigham City - Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 21 1955
12. Signature of Notary: [signature]
13. Notary Commission expires: 4/6 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Louise Elizabeth Lowe Poulter	10-21-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 18, 1900	Franklin, Idaho Oneida County	Louise Elizabeth Lowe	Thomas James Poulter

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance application	IDAHO MUTUAL BENEFIT ASSOCIATION; Boise, Idaho		August 9, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 18, 1900	Franklin, Idaho	#43687	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for membership (for husband)	National Society of the Sons of Utah Pioneers	Mar.17,1953	Mar.17,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.18,1900	Franklin, Idaho	-----	- ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

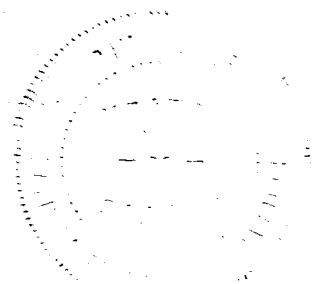
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	bW Glenda Larson	Feb. 23, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 23 1966



714-212-024-365

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE 66-276
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nell AFTON Padgett
2. Date of Birth (month) (day) (year): April 12 1900
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: Hagerman, Idaho-Gooding
b. City or Town of Birth: Hagerman, Idaho

FATHER

6. Full Name of Father: Adam Marion Padgett
7. State or Country of Father's Birth: Tenn.

MOTHER

8. Full Maiden Name of Mother: Susie Mae Conyers
9. State or Country of Mother's Birth: Moorehead Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nell A. Howard
11. Present Address of Registrant: 1610 Howe St.

NOTARY (Seal)

Subscribed and sworn to before me on: March 30 1966
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Social Security Application	Apr.12,1900	Hagerman, Idaho	# 518-32-1550 Treasury Department	Susie Mae Conyers	Oct.1, 1947	Adam Marion Padgett	Oct. 1, 1947
SUPPORTING RECORD 2. Class	Life ins. Policy	April 12, 1900	Idaho	# 628335 Reserve Life - Dallas, Texas	---------	Feb.1,1952	----------	Feb. 1, 1952
SUPPORTING RECORD 3. Class	Own childs birth certificate	Age 21	Hagerman, Idaho	91222 on file with state of Idaho	----------	-----	----------	on file-born May 31,1921

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 30, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0063

MAR 30 1966

759-228-028-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Lillian Perry		2. Date of Birth (month) December (day) 28 (year) 1900	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: William Freemont Perry		7. State or Country of Father's Birth: Waltham, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Ella May Conderman		9. State or Country of Mother's Birth: East Grove, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Lillian Neal	11. Present Address of Registrant: Box 38 Juliaetta, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1966	12. Signature of Notary: Frank Burton	13. Notary Commission expires: November 16 1968	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #119751	Date Issued: -----	Date Orig. Entry: child born Feb. 4, 1924	
	Date of Birth: Age 23	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: Spokane County, Washington Frank J. Glover, Auditor	Date Issued: Nov.29,1965	Date Orig. Entry: April 2, 1922	
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: Ella Conderman	Name of Father: W. F. Perry	
SUPPORTING RECORD 3.	Type of Document: Photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: Mar.31,1966	Date Orig. Entry: obviously old	
	Date of Birth: Dec.28,1900	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Apr.26,1966		

FORM BH 56067 50M

M. 12-8-65 gml

APR 26 1966

345-130-004-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-373

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Eaton Smedley
2. Date of Birth: (month) May (day) 30 (year) 1900
3. Color or Race:
4. Sex: Male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: Franklyn E. Smedley 10/23/1861-3/2/1934
7. State or Country of Father's Birth: Odessa New Castle Delaware

MOTHER

8. Full Maiden Name of Mother: Frances M. Sparks 5/10/1868-2/3/1943
9. State or Country of Mother's Birth: Paris Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm E. Smedley
11. Present Address of Registrant: 1055 Victoria Ave. Los Angeles Calif.

NOTARY

Subscribed and sworn to before me on April 12 1966

12. Signature of Notary: Samuel M. Fein

13. Notary Commission expires: My Commission Expires April 22, 1966

(Seal) SAMUEL M. FEIN NOTARY PUBLIC - CALIFORNIA LOS ANGELES COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	LDS Church, Salt Lake City Utah	Aug.2,1965	July 5, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 30,1900	Paris, Bear Lake County, Idaho	Frances M. Sparks	Franklyn E. Smedley

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of pages from Family Bible	Family Bible	------	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 30,1900	------	Frances Mary Sparks	Franklin Eaton Smedley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
federal Census record	U.S. Department of Commerce Bureau of the Census	Apr.2,1966	Apr.15,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 9	Idaho	Francis M. Smedley	Franklin E. Smedley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	April 29,1966

FORM BH 56067

APR 29 1966

792-246-040-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Geraldine Gibbons		2. Date of Birth (month) October (day) 16 (year) 1900
	3. Color or Race: white	4. Sex: Fem.	5. Place of Birth a. County: Burke, Ida Shoshone
			b. City or Town of Birth: Burke Idaho
FATHER	6. Full Name of Father: Austin Gibbons		7. State or Country of Father's Birth: Westport Co. Mayo Ireland
MOTHER	8. Full Maiden Name of Mother: Anna Franey Gibbons		9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Geraldine Gibbons (Sister M. Francis Joseph)	11. Present Address of Registrant: 504 N. Rodeo Dr. Bev. Hills Calif
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1966	12. Signature of Notary: Winifred C. White	13. Notary Commission expires: Aug 14 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital record		By whom issued and signed: Saint Agnes Hospital, Fresno California	Date Issued: Apr.21,1966	Date Orig. Entry: June 11,1958
	Date of Birth: Oct.16,1900	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Mr. Austin Gibbons	
SUPPORTING RECORD 2.	Type of Document: State Teachers Certificate		By whom issued and signed: State Board of Education, Virginia	Date Issued: Nov.30,1926	Date Orig. Entry: Nov.30,1926
	Date of Birth: Age 26	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 75		By whom issued and signed: Agnes Walsh Franey	Date Issued: May 5,1966	Date Orig. Entry: -----
	Date of Birth: Oct.16,1900	Birth Place: Burke, Idaho	Full Name of Mother: Mrs. Anna Franey Gibbons	Name of Father: Mr. Austin Gibbons	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 1, 1966

FORM BH 56067

JUN 1 1966

533-214-026-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-497

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eileen Ellsworth			2. Date of Birth (month) February (day) 14 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: (Fremont) Jefferson	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Seth M.Ellsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret McKay McMillan			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eileen Ellsworth Madsen	11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 66		12. Signature of Notary: Leonard E. Graham	13. Notary Commission expires: 1-5 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 79		By whom issued and signed: Preston B. Ellsworth	Date Issued: May 2,1966	Date Orig. Entry: -----
	Date of Birth: Feb.14,1900	Birth Place: Lewisville,Idaho	Full Name of Mother: Margaret McKay McMillan	Name of Father: Seth M. Ellsworth	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On File Idaho #209527	Date Issued: -----	Date Orig. Entry: child born Dec.21,1932
	Date of Birth: Age 32	Birth Place: Lewisville,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 24089		By whom issued and signed: Old West Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Feb.23,1960
	Date of Birth: Feb.14,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 6, 1966

FORM BH 56067

JUN 1 6 1966

314-122-029-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Finlay John Cameron			2. Date Of Birth (month) June (day) 22 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Murdo Cameron			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Anna Mc Kenzie			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John F. Cameron		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 19 66	12. Signature of Notary: Maye Burns		13. Notary Commission expires: Sept 17 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census form		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Oct.10,1960	Date Orig. Entry: Jan. 1,1920
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: Anna M. Cameron	Name of Father: Murdock Cameron	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: Wallace Hospital and Clinic Wallace, Idaho	Date issued: Sep.13,1960	Date Orig. Entry: March 1954
	Date of Birth: June 22,1900	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Records	Date issued: -----	Date Orig. Entry: obviously old
	Date of Birth: June 22,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 7, 1966

FORM BH 56067 1 cp pd file #14953 (c) 6-22-66 gml

JUL 7 1966

Cameron

749-103-035-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER LEE GURNSEY		2. Date Of Birth (month) July (day) 3 (year) 1900	
	3. Color or Race	4. Sex: MALE	5. Place of Birth a. County: NEZPERCE	b. City or Town of Birth: IDAHO, USA
FATHER	6. Full Name of Father: CHARLES WESLEY GURNSEY		7. State or Country of Father's Birth: NEBRASKA	
MOTHER	8. Full Maiden Name of Mother: ORA ELIZABETH BAKER		9. State or Country of Mother's Birth: OREGON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: E. L. Gurnsey.	11. Present Address of Registrant: Waskatenau, Alberta	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 5 1966	12. Signature of Notary: E E Cross	13. Notary Commission expires: IS CONTINUOUS 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Bertha McFadden (born Dec.19, 1876)	Date Issued: Sep.16,1959	Date Orig. Entry: -----	
	Date of Birth: ~~July 3,1900~~	Birth Place: -----	Full Name of Mother: -----	Name of Father: Charles Gurnsey	
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: Dominion Bureau of Statistics Ottawa, Canada	Date Issued: June 30,1966	Date Orig. Entry: June 1, 1921	
	Date of Birth: Age 20	Birth Place: USA	Full Name of Mother: Ory Gurnsey	Name of Father: Chas Gurnsey	
SUPPORTING RECORD 3.	Type of Document: certified copy of registration of marriage #3336	By whom issued and signed: Vital Statistics, Alberta, Canada	Date Issued: July 5,1965	Date Orig. Entry: July 19, 1928	
	Date of Birth: Age 28	Birth Place: Nesperse, Idaho USA	Full Name of Mother: Ora Elizabeth Baker	Name of Father: Charles W. Gurnsey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

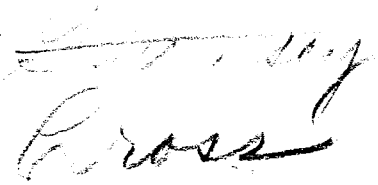
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	July 22, 1966

FORM BH 56067

(C) 1-1-66

JUL 22 1966



465-206-029-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De66-705

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Montague
2. Date Of Birth (month) (day) (year): April 6 1900
3. Color or Race: White | 4. Sex: F. | 5. Place of Birth a. County: Latah | b. City, or Town of Birth: Juliaetta

FATHER

6. Full Name of Father: James Montague
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Catherine Mahoney Montague
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary C. Stack
11. Present Address of Registrant: Nezperce

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1966
12. Signature of Notary: [illegible]
13. Notary Commission expires: 2/25 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Mary's Church, Moscow, Ida. Roman Catholic Church	Jan. 16, 1962	baptized May 22, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 6, 1900	-----	Catherine Mahoney	James Montague

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File Idaho #249371	-----	child born Nov. 3, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 36	Juliaetta, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The Connecticut Mutual Life Insurance Company	May 21, 1960	May 21, 1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 6, 1900	Juliaetta, Idaho	--------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Joyce B. Foltz	August 2, 1966

FORM BH 56067 1 copy paid rec. 16222 12-29-61 (5) 7-26-66 gml

AUG 4 . 1966

463-106-029-353

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE LEE DOTY			2. Date of Birth (month) (day) (year): December 6 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: ABRAHAM LINCOLN DOTY			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: VIOLA TELLUS			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clarence Lee Doty	11. Present Address of Registrant: Route 1, Box 679 Lakeport, California	
NOTARY (Seal)	Subscribed and sworn to before me on 9/19/19 66		12. Signature of Notary: Bruce B. Bruchler BRUCE B. BRUCHLER	13. Notary Commission expires: October 20 1968	

OFFICIAL SEAL BRUCE B. BRUCHLER NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LAKE COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: individual's request for group insurance		By whom issued and signed: Pacific Mutual Life Ins. Co.	Date Issued: Nov.27,1958	Date Orig. Entry: Dec.5,1958
	Date of Birth: Dec.6,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Jennie Schoeff Age 76	Date Issued: Aug.30,1966	Date Orig. Entry: -----
	Date of Birth: Dec.6,1900	Birth Place: near Moscow, Idaho Latah County	Full Name of Mother: Viola Doty	Name of Father: Abraham Lincoln Doty	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital records		By whom issued and signed: General Hospital at Eureka, California	Date Issued: Sept.8,1966	Date Orig. Entry: Jan.11,1951
	Date of Birth: Dec.6,1900	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 29, 1966

FORM BH 56067

2 copy paid rec.16436 (B) 7-27-66 near Moscow

Bruchler, Attorney
(Clarence Lee Doty)

SEP 29 1966

625-228-035-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-930

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillie Vera O'Brien
2. Date of Birth (month) (day) (year): November 28 1900
3. Color or Race: white
4. Sex: F
5. Place of Birth — a. County: Nez Perce
b. City or Town of Birth: near Melrose

FATHER

6. Full Name of Father: David O'Brien
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Annie Jane Hill
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie Vera O'Brien (Mrs) Reuben
11. Present Address of Registrant: Reubens, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 28 1965

12. Signature of Notary: [signature]

13. Notary Commission expires: 10/17 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding voting census record	Nez Perce County, Idaho	Oct.22,1965	Oct.23,1926
	Date of Birth: Age 25 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	photocopy of Bible record	Family Records	Sep.28,1966	obviously old
	Date of Birth: Nov.28,1900 / Birth Place: -----	Full Name of Mother: Annie O'Brien	Name of Father: David O'Brien	
SUPPORTING RECORD 3.	Affidavit by neighbor at time of birth	Jesse Thomas (24 yrs old at time of birth)	Oct.20,1966	-----
	Date of Birth: Nov.28,1900 / Birth Place: near Melrose, Nez Perce Co.,Idaho	Full Name of Mother: Annie Jane Hill O'Brien	Name of Father: David O'Brien	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Nov. 1, 1966

FORM BH 56067 (c) 7-6-64 nm 1 CP pht Ltr #837 (5) 10-4-66 gml

NOV 1 1966

389-123-031-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-283
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen Ridpath Criswell			2. Date Of Birth (month) (day) (year): March 23, 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Winchester	b. City or Town of Birth: Winchester, Idaho
FATHER	6. Full Name of Father: Allen Morris Criswell			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Cornelia Georgia Schaeffer			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen Criswell		11. Present Address of Registrant: Wapato Wash
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1957	12. Signature of Notary: Alice E Endicott		13. Notary Commission expires: Oct 20 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Statement re: Insurance Policy Application	By whom issued and signed: Capitol Life Insurance Co.	Date Issued: 3-8-1957	Date Orig. Entry: Oct. 2, 1941
	Date of Birth: March 23, 1900 / Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class	Type of Document: Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: May 2, 1966	Date Orig. Entry: June 1, 1900
	Date of Birth: March 1900 / Birth Place: Idaho	Full Name of Mother: Cornelia J. Criswell	Name of Father: Allen M. Criswell	
SUPPORTING RECORD 3. Class	Type of Document: photocopy of Bible record	By whom issued and signed: Family Bible	Date Issued: Mar. 13, 1967	Date Orig. Entry: obviously old
	Date of Birth: Mar. 23, 1900 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

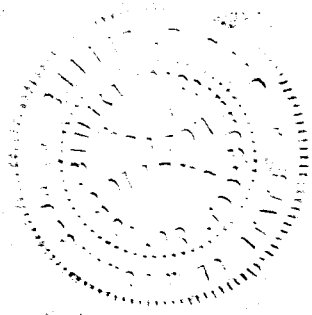
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Glenda Larson	May 1, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DRH #0067 1 copy fd

MAY 2 1967



619 813-105-041-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-619

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivan H Hatch		2. Date of Birth (month) (day) (year): March 5 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Teton; b. City or Town of Birth: Victor, Idaho
FATHER	6. Full Name of Father: Hyrum Hile Hatch		7. State or Country of Father's Birth: Springville Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mariah Shaw		9. State or Country of Mother's Birth: Kemiere Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivan H Hatch	11. Present Address of Registrant: 2218 Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 3 1964	12. Signature of Notary: Vaun D Shuman	13. Notary Commission expires: Sept 20 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 78	By whom issued and signed: Mrs. Elick Warnock	Date Issued: Sept 20,1966	Date Orig. Entry: ----
	Date of Birth: Mar.5,1900 / Birth Place: Victor, Idaho	Full Name of Mother: Elizabeth Shaw	Name of Father: Hyrum Hile Hatch	
SUPPORTING RECORD 2.	Type of Document: Church Record of Certificate of Birth	By whom issued and signed: L.D.S. Church	Date Issued: Aug. 11,1964	Date Orig. Entry: Entered May 6,1900
	Date of Birth: Mar.5,1900 / Birth Place: Victor, Idaho	Full Name of Mother: Elizabeth M. Shaw	Name of Father: Hyrum Hile Hatch	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 85292	Date Issued: ----	Date Orig. Entry: child born Nov.15,1920
	Date of Birth: Age 20 / Birth Place: Victor	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION				

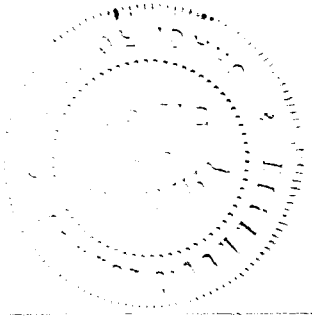
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 9,1967

FORM BH 56067

AUG 1 0 1967



296-130-022-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-648

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARVEL EDWARD BROWER			2. Date of Birth (month) July (day) 30 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ora, Fremont Cty, Ida.	b. City or Town of Birth: Ora
FATHER	6. Full Name of Father: Henry H. Brower			7. State or Country of Father's Birth: Grantsville, Tooele, Utah
MOTHER	8. Full Maiden Name of Mother: Rhoda Ann Ashment			9. State or Country of Mother's Birth: Crewkerne, Smrst, England
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Arvel Edward Brower	11. Present Address of Registrant: 124 East 13th St.
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 19 67		12. Signature of Notary	13. Notary Commission expires: February 1 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls, Hospital Lelia Garland Med.Rec.Lib.	Date Issued: Jul.25,1967	Date Orig. Entry: Sept.9,1958
	Date of Birth: July 30,1900	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: Jesse R.Larsen,Idaho Falls 3rd Ward Clerk	Date Issued: -----	Date Orig. Entry: blessed Dec.2,1900
	Date of Birth: July 30,1900	Birth Place: Ora, Idaho	Full Name of Mother: Rhoda Ann Ashment	Name of Father: Henry H. Brower	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record #84199		By whom issued and signed: Fremont County, Idaho	Date Issued: Jul.18,1967	Date Orig. Entry: Mar.26,1921
	Date of Birth: Age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Glenda Larson	Date Filed: August 21,1967

FORM BH 56067

(8) 7-14-

AUG 21 1967

613-204-021-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Charlotte Walton		2. Date of Birth (month) October (day) 4 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: was Bannock now Franklin; b. City or Town of Birth: Cleveland
FATHER	6. Full Name of Father: Charles Lorenzo Walton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Amelia Jorgensen		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Charlotte Mason	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 5 Day of Feb 1968	12. Signature of Notary: Ace Grisham	13. Notary Commission expires: ACE GRISHAM, Notary Public My Commission Expires Aug. 2, 1970

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Thayne Ward, R. Howard Dana, Bishop	Date Issued: Jan.22,1968	Date Orig. Entry: baptized Nov.4,1908
	Date of Birth: Oct.4,1900	Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Mary A. Jorgenson	Name of Father: Chas. L. Walton
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #1917	By whom issued and signed: State of Wyoming	Date Issued: May 28,1942	Date Orig. Entry: child born Aug.16,1917
	Date of Birth: Age 16	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: copy of hospital records	By whom issued and signed: Idaho Falls LDS Hospital, Idaho	Date Issued: ---	Date Orig. Entry: Apr.22,1958
	Date of Birth: Oct.4,1900	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----
QUALIFYING INFORMATION				

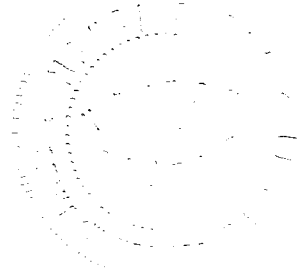
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 12,1968

FORM BH 56067 1 cp pd rec #67-24883 (m) 2-14-68 gml

MAR 12 1968



763-122-040 -275

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-731
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd Ford Polmeteer
2. Date Of Birth (month) Feb (day) 27 (year) 1900
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County Shoshone; b. City or Town of Birth: Wardner; Idaho

FATHER

6. Full Name of Father: Besley H Polmeteer
7. State or Country of Father's Birth: Wisconson

MOTHER

8. Full Maiden Name of Mother: Gertrude Spicer
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd Ford Polmeteer
11. Present Address of Registrant: % 1722 S. Riverton Spokane Wn.

NOTARY (Seal)

Subscribed and sworn to before me on June 19 1968.
12. Signature of Notary:
13. Notary Commission expires: Jan 4 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records	Spokane Public Schools, Wash. Wm.C.Sorenson, Supt.	Feb.26,1963	May 1,1911
Class*	Date of Birth: Feb.27,1900 / Birth Place: -----	Full Name of Mother: ----	Name of Father: B. H. Polmeteer	
SUPPORTING RECORD 2.	Certificate of Registration to vote	Spokane County, Washington, Abbott Precinct	Feb.19,1963	Oct.9,1946
Class	Date of Birth: Age: 46 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Affidavit by friend of family at time of birth	Eleanor E. Marnoch Age: 90	Jul.25,1968	----
Class	Date of Birth: Feb.27,1900 / Birth Place: Wardner, Idaho	Full Name of Mother: Gertrude Spicer	Name of Father: Besley H. Polmeteer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W M Barson	gml Glenda Larson	August 1, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2 copies sent #35456. (P) 7-12-68 gml

AUG 1 1968

386-209-033-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Vie Thomason (~~Spaulding~~)		2. Date of Birth (month) Nov. (day) 9 (year) 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Freemont (now) Madison; b. City or Town of Birth: Thornton Idaho
FATHER	6. Full Name of Father: Charles Richard Thomason		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Marie Kerstine Hentze		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Vie Spaulding	11. Present Address of Registrant: Rt. 2, Box 270-A, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 16 1969	12. Signature of Notary: Velma Bush	13. Notary Commission expires: 9-21- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of school record	By whom issued and signed: High School, Rexburg, Idaho Eldred C. Stephenson, Registrar	Date Issued: July 8, 1964	Date Orig. Entry: 1916
	Date of Birth: Nov. 9, 1900	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records	By whom issued and signed: Mrs. Velma Bush, Clerk, Ririe Idaho, School Dist. #252	Date Issued: Apr. 16, 1969	Date Orig. Entry: past 19 years
	Date of Birth: Nov. 9, 1900	Birth Place: Thornton, Idaho Madison County	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Family group record	By whom issued and signed: Family record	Date Issued: ------	Date Orig. Entry: appears old
	Date of Birth: Nov. 9, 1900	Birth Place: Thornton, Madison County, Idaho	Full Name of Mother: Marie Kirstine Hentze	Name of Father: Charles Richard Thomason

QUALIFYING INFORMATION: photocopy of application for insurance with The Gem State Mutual Life Assoc. Inc., dated May 7, 1957 gives birthdate as November 9, 1900 in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml gml hh Glenda Larson	April 23, 1969

FORM BH 56067

5-20-69

APR 24 1969

795-223-037-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-688

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gwendolyn Alice Grete
2. Date Of Birth: (month) Feb (day) 23 (year) 1900
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Silver City Idaho Owyhee
b. City or Town of Birth: Silver City

FATHER

6. Full Name of Father: Fred Grete
7. State or Country of Father's Birth: Idaho - USA

MOTHER

8. Full Maiden Name of Mother: Charlotte Emily Townsend
9. State or Country of Mother's Birth: Idaho USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Gwendolyn Alice Spurgeon
11. Present Address of Registrant: 1502 Everett-Caldwell, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: October 30 1969
12. Signature of Notary: W. W. Benson
13. Notary Commission expires: Aug 1 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U.S.Dept. of Commerce	Jun 8,1966	Census taken June 1,1900
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 3 Mo. / Idaho	Lottie E. Grete	Fred Grete	
SUPPORTING RECORD 2.	Affidavit by Uncle Age 77	W. H. Townsend	Nov.22,1965	-----
	Feb.23,1900 / Silver City	Charlotte Emily Townsend	Fred Grete	
SUPPORTING RECORD 3.	Insurance Policy	Mutual Benefit Health Assn.	May 12,1942	May 7,1942
	Feb.23,1900 / Silver City,Ida.	-----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct 30,1969

K FORM BH 56067

6-13-62

OCT 30 1969

735-226-001-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-613

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Glenn
2. Date of Birth: (month) March (day) 26 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Dry Creek (Boise)

FATHER

6. Full Name of Father: Samuel Porter Glenn
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Effie May Berridge
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Van Deer
11. Present Address of Registrant: Meer Star

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 3 1970
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: State file #62211 Own childs birth certificate
By whom issued and signed: State of Idaho
Date Issued: -----
Date Orig. Entry: Child born Aug.18,1918
Date of Birth: Age 18 years
Birth Place: Boise, Idaho
Full Name of Mother: -------
Name of Father: ----------

SUPPORTING RECORD 2.

Type of Document: Family Bible Record
By whom issued and signed: By Family
Date Issued: -----
Date Orig. Entry: Obviously Old
Date of Birth: Mar.26,1900
Birth Place: ----
Full Name of Mother: Effie May Berridge
Name of Father: Samuel P. Glenn

SUPPORTING RECORD 3.

Type of Document: Hunting License renewal
By whom issued and signed: Dept. of Fish & Game
Date Issued: May 13,1970
Date Orig. Entry: May 1960
Date of Birth: Mar.26,1900
Birth Place: Idaho
Full Name of Mother: -------
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sl Florence Curtright
Date Filed: Sept.3,1970

FORM BH 56067

SEP 4 1970

613

386-124-035 -551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Frank Thompson			2. Date of Birth (month) June (day) 24 (year) 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Frank Thompson			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Cora Evans			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George F. Thompson		11. Present Address of Registrant: Rt. #1 Box 657 - Gig Harbor, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 19 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S.Coast Guard I.D.Card	By whom issued and signed: U.S. Coast Guard	Date Issued: World War II	Date Orig. Entry: obviously old
	Date of Birth: Jun.24,1900 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: County Record of birth	By whom issued and signed: NezPerce County Recorder	Date Issued: Jun 24,1900	Date Orig. Entry: Entered on record Jun. 24 1900
	Date of Birth: Jun.24,1900 / Birth Place: Lewiston, Idaho	Full Name of Mother: Cora Evans Thompson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: School Census Record	By whom issued and signed: NezPerce Co. Recorder	Date Issued: Apr 16,1969	Date Orig. Entry: Census taken Oct.23,1917
	Date of Birth: Age 17 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Frank Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Oct.19,1970

FORM BH 56067

OCT 20 1970

LIL

419-215-029-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De71-720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Lucile Martin		2. Date Of Birth (month) (day) (year): Dec. 15 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho - Latah; b. City or Town of Birth: Moscow Idaho (Rural)
FATHER	6. Full Name of Father: Julius James Martin		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Hampton		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma L. (Martin, Stew) Gibler	11. Present Address of Registrant: Rt. 1, Box 91 Hermiston, Oreg-97838
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 1 19 71	12. Signature of Notary: Doris J Martin	13. Notary Commission expires: May 20 19 74

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on file Idaho #228269		Date Issued: ----	Date Orig. Entry: Child born Sept 26, 1934
	Date of Birth: Age 33	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister-Age 85	By whom issued and signed: Dolph Martin Anderson		Date Issued: July 1, 1971	Date Orig. Entry: ----
	Date of Birth: Dec. 15, 1900	Birth Place: Latah County, Idaho (Rural)	Full Name of Mother: Elizabeth Jane Hampton	Name of Father: Julius James Martin	
SUPPORTING RECORD 3.	Type of Document: State of Washington Department of Game	By whom issued and signed: #269065 Springdale, Washington		Date Issued: 5-2-1948	Date Orig. Entry: May 2, 1948
	Date of Birth: Dec. 15, 1900	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

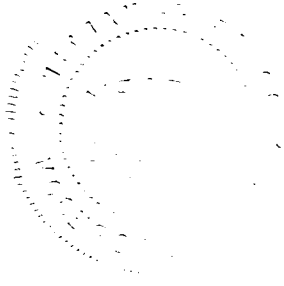
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Oct. 18, 1971

FORM BH 56067

4-22-91

OCT 1 8 1971



469-119-036-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond W. Morrison		2. Date of Birth (month) (day) (year): November 19 1900
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Joseph Morrison		7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Whitehead		9. State or Country of Mother's Birth: Idaho, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond W Morrison	11. Present Address of Registrant: 12 East Main, Franklin, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 1 1971	12. Signature of Notary: Merrill R. Dale	13. Notary Commission expires: July 13 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Birth	By whom issued and signed: L.D.S. Church	Date Issued: Nov. 19, 1971	Date Orig. Entry: Jan. 6, 1901
	Date of Birth: Nov. 19, 1900 / Birth Place: Franklin, Idaho	Full Name of Mother: Mary Whitehead	Name of Father: Joseph Morrison	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #54-30715	By whom issued and signed: State of Utah	Date Issued: June 14, 1965	Date Orig. Entry: child born Aug. 14, 1954
	Date of Birth: Age: 53 / Birth Place: Franklin, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: William A. Morrison (bd. 12-3-1891)	Date Issued: Dec. 1, 1971	Date Orig. Entry: ----
	Date of Birth: Nov. 19, 1900 / Birth Place: Franklin, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: fc Glenda Larson	Date Filed: December 3, 1971

FORM BH 56067

DEC 3 1971

665-205-022-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-562

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: OWENS, CHARLOTTE
2. Date of Birth (month) July (day) 5 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Teton, Fremont Co. Idaho
b. City or Town of Birth: Teton, Idaho

FATHER

6. Full Name of Father: David T. Owens
7. State or Country of Father's Birth: Ohio, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Charlotte E. Baker
9. State or Country of Mother's Birth: Utah, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charlotte Owens Maslen
11. Present Address of Registrant: 1681 Baywood Dr. Petaluma, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 8/18 19 72

12. Signature of Notary: Patricia Carter
13. Notary Commission expires 3/7 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Charlotte E. Owens	June 21,1946	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5,1900 / Teton, Idaho Fremont County	Charlotte E. Owens	---	
SUPPORTING RECORD 2.	Federal Census Record Sacramento County, CA	U.S. Department of Commerce Bureau of the census	Aug.4,1972	Jan.1,1920
	Age:19 / Idaho	---	---	
SUPPORTING RECORD 3.	photocopy of family history compiled by Emma Baker	Simon Baker & His Descendants page 777-Utah Printing Co.	----	copyright 1964
	July 5,1900 / Teton, Idaho Sorensen	Charlotte Eleanor Baker	David Thomas Owens	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	August 24,1972

FORM BH 56067

AUG 25 1972

485-213-0044-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-604

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CORALIE AMELIA ELIZABETH MYERS
2. Date Of Birth (month) (day) (year): SEPTEMBER 13, 1900
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: WASHINGTON COUNTY
   b. City or Town of Birth: WEISER, IDAHO

FATHER

6. Full Name of Father: JOHN FELBERT MYERS
7. State or Country of Father's Birth: HARRISBURG, OREGON

MOTHER

8. Full Maiden Name of Mother: AMELIA SIDONIA STROBEL
9. State or Country of Mother's Birth: MALHEUR COUNTY, OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Coralie M. Kinyon
11. Present Address of Registrant: 354 North Plumas Street, Willows, Calif. 95988

NOTARY (Seal)

Subscribed and sworn to before me on: September 14 1972
12. Signature of Notary: Lloyd M. Sutliff
13. Notary Commission expires: June 28 1974

OFFICIAL SEAL — JOY M. SUTLIFF — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN GLENN COUNTY — My Commission Expires June 28, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	State of Idaho File No79389	--------	Child born March 23, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 19 yrs / Weiser, Idaho	------	-------	
SUPPORTING RECORD 2.	Family Bible	Family	------	Obviously Old
	Sept.13,1900 Weiser, Idaho	Amelia S. Strobel	John F. Myers	
SUPPORTING RECORD 3.	Affidavit by Aunt Age 85yrs	Prudence Elizabeth Johnson (Strobel)	Sept.14,1972	-----
	Sept.13,1900 Weiser, Idaho	Amelia Sidonia Strobel	John Felbert Myers	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Sue Lowe	Sept. 21, 1972

FORM BH 56067

2 Certs Pd Rec. #02429 9-28-72

SEP 21 1972

693-218-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-268

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jane Elvira Williams		2. Date Of Birth (month) Jan (day) 18 (year) 1900
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Arthur Merrifield Williams		7. State or Country of Father's Birth: Idaho Oneida Co.
MOTHER	8. Full Maiden Name of Mother: Mary Penelope Thompson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane W. Jardine (Jardine)	11. Present Address of Registrant: Clarkston Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1973	12. Signature of Notary: Clerk of the district court Colen J. Sweeney Jr.	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding Blessing record from church	By whom issued and signed: LDS Church, Volmer L.Clark, Ward Clark	Date Issued: -----	Date Orig. Entry: blessed May 13,1900
	Date of Birth: Jan.18,1900; Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Mary Penelope Thompson	Name of Father: Arthur Merrifield Williams	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age:84	By whom issued and signed: Arthur T. Williams	Date Issued: Apr.16,1973	Date Orig. Entry: ---
	Date of Birth: Jan.18,1900; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit by parties for marriage license	By whom issued and signed: Oneida County, Idaho	Date Issued: ---	Date Orig. Entry: May 8, 1921
	Date of Birth: Age: 21; Birth Place: Malad	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

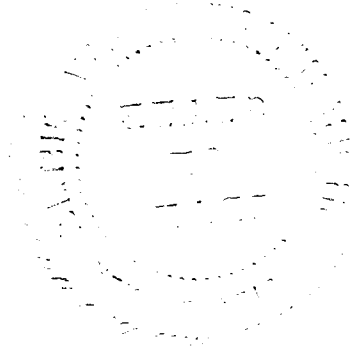
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	April 30, 1973

FORM BH 56067

4-11-73

APR 3 0 1973



249-225-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE73-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Rosaline Smith			2. Date Of Birth (month) (day) (year): January 25, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Henry Percy Smith			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Elma Brown			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Rosaline Murphy		11. Present Address of Registrant: 1114 E. Hancock Apt. 11 Newberg, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: ~~April~~ June 19 1973	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: April 20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: -------	Date Orig. Entry: Obviously Old
	Date of Birth: Jan. 25, 1900 / Birth Place: Middleton, Idaho	Full Name of Mother: Elma Brown	Name of Father: H. Percy Smith	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Friends Church-Boise, Idaho	Date Issued: -------	Date Orig. Entry: Nov. 16, 1939
	Date of Birth: Jan. 25, 1900 / Birth Place: Middleton, Idaho	Full Name of Mother: Elma B. Smith	Name of Father: H. Percy Smith	
SUPPORTING RECORD 3.	Type of Document: Certified - Photocopy of School Record Boise High School-Boise, Idaho	By whom issued and signed: Loyle V. Washam-Supv. of Records -Boise, Idaho	Date Issued: Jun. 20, 1973	Date Orig. Entry: Sept 9, 1913
	Date of Birth: Jan 25, 1900 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: Percy Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Sue Lowe	Date Filed: June 20, 1973

FORM BH 56067

JUN 2 0 1973

818-108-006-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-467

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Harold Hayes
2. Date Of Birth (month) (day) (year): October 8th 1900
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Bingham
   b. City or Town of Birth: Ammon

FATHER

6. Full Name of Father: Ernest Abraham Hayes
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Frances Adaline Harrison
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest H Hayes
11. Present Address of Registrant: 234 East Mill St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 1 1975
12. Signature of Notary: Rodney P. Sorenson
13. Notary Commission expires: Mar 13 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Ernest A. Hayes	28 July 75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.8,1900 / Ammon, ID.	---	Ernest A. Hayes	
SUPPORTING RECORD 2.	Church Membership Transc.	LDS Church, Salt Lake City	3 Sept. 68	Baptised July 4, 1910
	Oct.8,1900 / Ammpn, Idaho	Francis Adaline Harrison	Ernest Abrahamm Hayes	
SUPPORTING RECORD 3.	Insurance Application	Metropolitan Life Insurance	21 Apr.47	7 April 1947
	Oct.8,1900 / Ammon Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: Margaret Davis
Date Filed: AUG 6 1975

FORM BH 56067

7-9-75

Wood

AUG 6 1975

692-126-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE76-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Joseph Wiklund		2. Date Of Birth (month) (day) (year): February 26 1900	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Andrew L. Wiklund		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Hannah Anderson		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer J. Wiklund	11. Present Address of Registrant: RR#2 Box 248 Shelley, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 1 1976	12. Signature of Notary: Grace Williams	13. Notary Commission expires: Jan 14 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life insurance application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Aug.18,1943	Date Orig. Entry: Aug. 13, 1943	
	Date of Birth: Feb.26,1900	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit family friend (at time of birth) age 80	By whom issued and signed: Carl P. Nelson	Date Issued: Aug.10,1960	Date Orig. Entry: Aug.10,1960	
	Date of Birth: Feb.26,1900	Birth Place: Shelley, Idaho	Full Name of Mother: Hannah Wiklund	Name of Father: Andrew L. Wiklund	
SUPPORTING RECORD 3.	Type of Document: marriage affidavit	By whom issued and signed: State of Idaho	Date Issued: Sep.10,1976	Date Orig. Entry: Oct. 3, 1930	
	Date of Birth: age 30	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Sept. 15, 1976

FORM BH 56067

8-27-76

SEP 1 4 1976

651-113-004-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-155

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wright Weaver
2. Date Of Birth (month) (day) (year): Jan. 13 1900
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Bennington Bear Lake Co. Ida
b. City or Town: Bennington Idaho
c. Hospital: Preston Franklin Co.

FATHER

6. Full Name of Father: Horace Weaver, Millville, Cache
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Adelaide Wright
9. State or Country of Mother's Birth: Bennington, Bear Lake Co. Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wright Weaver
11. Present Address of Registrant: 1527 So. Holmes Ave. Idaho Falls Ida. 83401

NOTARY (Seal)

Subscribed and sworn to before me on February 28 19 77

12. Signature of Notary: Paul Holmes Lindl
13. Notary Commission expires: Permanent. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal blessing	LDS Church Patriarch Joseph R. Shepherd	Jan.23,1918	Jan.23,1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1900	Bennington, Idaho	Adelaide Wright	Horace Weaver

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security record	Social Security Administration Bureau of Retirement	Jan.27,1972	Jan.27,1972

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 72	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Marriage license	Cache County, Utah	Mar.3,1977	July29,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	---	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: MAR 31 1977

FORM BH 56067

APR 1 1977

893-229-022-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillas Hillman			2. Date Of Birth (month) Jan (day) 29 (year) 1900
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Mayhuee P. Hillman			7. State or Country of Father's Birth: Meadon Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Botting Atkinson			9. State or Country of Mother's Birth: Warriman Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillas H Fisher		11. Present Address of Registrant: Plano (Rt #2 Rexburg)
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1977	12. Signature of Notary: Velma S Bean		13. Notary Commission expires: 11-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative, age88	By whom issued and signed: Maud Hillman Weatherston	Date Issued: May3,1977	Date Orig. Entry: May3,1977	
	Date of Birth: Jan.29,1900	Birth Place: Plano, Idaho	Full Name of Mother: Elizabeth Botting Atkinson	Name of Father: Mayhue P. Hillman	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #240703	Date Issued: on file	Date Orig. Entry: child born Feb.7,1936	
	Date of Birth: Age: 36	Birth Place: Plano, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church membership record	By whom issued and signed: LDS Church	Date Issued: Jan.25,1973	Date Orig. Entry: baptized on Nov.1,1908	
	Date of Birth: Jan.29,1900	Birth Place: Plano, Idaho	Full Name of Mother: Elizabeth Atkinson	Name of Father: Mayhew Hillman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	MAY 17 1977

FORM BH 56067

MAY 1 8 1977

Fisher

665-214-006-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leis May Owen			2. Date Of Birth (month) (day) (year): April 14, 1900
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Joseph Henry Owen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Abigail Grow			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois O. Chapman		11. Present Address of Registrant: 269 Rosewood Avenue
NOTARY (Seal)	Subscribed and sworn to before me on: July 30th 1977	12. Signature of Notary: E. L. Rigg		13. Notary Commission expires: 2-29 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, DOB:Mar. 28,1887	By whom issued and signed: Charles Henry Owen	Date Issued: July30,1977	Date Orig. Entry: July30,1977
	Date of Birth: Apr.14,1900 / Birth Place: Ammon, Idaho	Full Name of Mother: Mary Abigail Grow	Name of Father: Joseph Henry Owen	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church	Date Issued: June13,1950	Date Orig. Entry: Sep.2,1900
	Date of Birth: Apr.14,1900 / Birth Place: Ammon, Idaho	Full Name of Mother: M.A. Grow	Name of Father: J.H. Owen	
SUPPORTING RECORD 3.	Type of Document: Application for membership	By whom issued and signed: The Society of Daughters of Utah Pioneers	Date Issued: Mar.31,1960	Date Orig. Entry: Mar.28,1960
	Date of Birth: Apr.14,1900 / Birth Place: ------	Full Name of Mother: Mary Abigail Grow	Name of Father: Joseph Henry Owen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: AUG 12 1977

FORM BH 56067

AUG 1 2 1977

264-114-036-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean "G" Bodily			2. Date Of Birth (month) OCTOBER (day) 14 (year) 1900
	3. Color or Race: CAUS	4. Sex: MALE	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Henry James Bodily			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eva May Griffeth			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean G Bodily		11. Present Address of Registrant: 500"K"St., Idaho Falls, Id
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1977	12. Signature of Notary: [illegible] McCandless		13. Notary Commission expires: Life Term 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Nov.9,1977	Date Orig. Entry: Feb.2,1972
	Date of Birth: Oct.14,1900	Birth Place: --------	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Nov.3,1977	Date Orig. Entry: baptized Oct.27,1908
	Date of Birth: Oct.14,1900	Birth Place: Fairview, Idaho	Full Name of Mother: Eva May Griffeth	Name of Father: Henry James Bodily
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #200430	Date Issued: on file	Date Orig. Entry: child born Jan.30,1932
	Date of Birth: Age: 31	Birth Place: Fairview, Idaho	Full Name of Mother: ----------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 09 1977

FORM BH 56067

11-4-77

Boothby

NOV 9 1977

236-208-003-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-165

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilda Irene Stoor			2. Date Of Birth (month) June (day) 8 (year) 1900
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Henry Idaho Bannock	b. City or Town of Birth: HENRY [redacted] IDAHO
FATHER	6. Full Name of Father: Johannes Emanuelsson (Sidback)(Stoor)			7. State or Country of Father's Birth: Portom Vassa Finland
MOTHER	8. Full Maiden Name of Mother: Johanna Marie Gastgivars			9. State or Country of Mother's Birth: Portom Vassa, Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: *Wilda Irene Stoor (Kunz)	11. Present Address of Registrant: Bern Bearlake Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 19 78		12. Signature of Notary: Fern K. Galloway	13. Notary Commission expires: Lifetime 19 ___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present		By whom issued and signed: Alvin N. Kunz, age 90	Date Issued: Apr.7,1978	Date Orig. Entry: Apr.7,1978
	Date of Birth: June8,1900	Birth Place: Henry, Idaho	Full Name of Mother: Johanna Marie Gastgivars	Name of Father: Johannes Emanuelsson Sidback Stoor	
SUPPORTING RECORD 2.	Type of Document: Marriage license		By whom issued and signed: Salt Lake County, Utah	Date Issued: Apr.25,1962	Date Orig. Entry: May22,1919
	Date of Birth: Age: 18	Birth Place: -------	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Church statement		By whom issued and signed: LDS Church	Date Issued: Apr.19,1978	Date Orig. Entry: Jan.29,1919
	Date of Birth: June8,1900	Birth Place: Henry, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	APR 23 1978

FORM BH 56067 ICCH 3080 (started in '62) 3-20-78

- Kung

APR 25 1978

613-101-0046-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-465

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LORENZO WILLIAM WALKER
2. Date Of Birth (month) (day) (year): Oct 1 1900
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Lewisville Jeff.
b. City or Town of Birth: Lewisville Idaho

FATHER

6. Full Name of Father: JOHN WALKER
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: JANE ELIZABETH VALLIER
9. State or Country of Mother's Birth: Council Bluffs. IOWA.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorenzo W. Walker
11. Present Address of Registrant: 101 BONHAM ST. Rigby Id

NOTARY (Seal)

Subscribed and sworn to before me on: 13 November 1978
12. Signature of Notary: Robert J Barnes
13. Notary Commission expires: May 26 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	June5,1910	baptized June4,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.1,1900 / Lewisville, Idaho	Jane Vallier	John Walker	
SUPPORTING RECORD 2.	Membership application	IOWA State Travelers Mutual Ass.	Apr.29,1959	Apr.20,1959
	Oct.1,1900 / Lewisville, Idaho	----------	----------	
SUPPORTING RECORD 3.	Idaho Falls, ID Hospital record	Idaho Falls Hospital	Nov.16,1978	July21,1963
	Oct.1,1900 / ----------	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 17 1978

FORM BH 56067

11-7-78

Walker

NOV 20 1978

318-224-026-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-397

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorthulia Taylor
2. Date Of Birth: (month) March (day) 24 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: J.B. Taylor Home, Jefferson; b. City or Town of Birth: Grant

FATHER

6. Full Name of Father: Joseph Lake Taylor
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nancy Elizabeth McEntire
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorthulia J Watson
11. Present Address of Registrant: 178 E.2nd So. Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 17 1979
12. Signature of Notary: C Harmon Sargent
13. Notary Commission expires: June 17 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, born 1890	Orial T. Brown	Sep.18,1979	Sep.18,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.24,1900	Grant, Idaho	Nancy Elizabeth McEntire	Joseph Lake Taylor

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized copy page from Joseph Lake Taylor Family History	Norma J. Morris	Oct.1,1979	1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.24,1900	Grant, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	LDS Church	July12,1908	baptized July5,1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.24,1900	Grant, ID	Nancy McEntire	J. L. Taylor

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: NOV 16 1979

FORM BH 56067

Ref # 3516

9-11-79

Watson

NOV 16 1979

841-229-028-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-037

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Margaret Quarles
2. Date Of Birth (month) (day) (year): January 29, 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai Co.
b. City or Town of Birth: Rathdrum, Idaho

FATHER

6. Full Name of Father: Thomas Lemuel Quarles
7. State or Country of Father's Birth: Bentonville, Arkansas

MOTHER

8. Full Maiden Name of Mother: May Hortense Lewis
9. State or Country of Mother's Birth: Northfield, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Margaret Quarles Cox
11. Present Address of Registrant: ~~819 Boyd Ave.~~ P.O. Box 843, Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August, 11, 1961
12. Signature of Notary: Grace Edwards
13. Notary Commission expires: January, 1, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 88	May H. Quarles	2-24-60	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 29, 1900 / Kootenai Co. Rathdrum, Idaho	May Hortense Lewis	Thomas Lemuel Quarles	
SUPPORTING RECORD 2.	marriage affidavit	Kootenai County, Idaho, E.W. Larson, County Recorder	Nov.7,1960	Feb.2,1920
	age 20 / ----	----	----	
SUPPORTING RECORD 3.	Federal census report	U.S. Department of Commerce	Jan.29,1980	June 1, 1900
	Age: 4 months Idaho born: Jan.,1900	----------	Thos. L. Quarles	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: nr pw Colleen Cunningham
Date Filed: FEB 15 1980

FORM BH 56067

1 copy paid

FEB 15 1980

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Helen Miller			2. Date Of Birth (month) (day) (year): October 6, 1900
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Fremont	b. City or Town of Birth: Bates
FATHER	6. Full Name of Father: John Jacob Miller			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Clara Kunz			9. State or Country of Mother's Birth: Bear Lake Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth H. M. Foster		11. Present Address of Registrant: Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1963	12. Signature of Notary: Ruth H. M. Foster		13. Notary Commission expires: June 22 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Kunz Miller	Date Issued: March 14, 1963	Date Orig. Entry
	Date of Birth: Oct.6,1900 / Birth Place: Fremont County Bates, Idaho	Full Name of Mother: Clara Kunz Miller	Name of Father: John Jacob Miller	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 09789	Date Issued: -----	Date Orig. Entry: child born Feb. 18, 1921
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: July15,1980	Date Orig. Entry: Oct.31,1908
	Date of Birth: Oct.6,1900 / Birth Place: Bates, ID	Full Name of Mother: Clara Kunz	Name of Father: John Jacob Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sm sm Colleen Cunningham	Date Filed: JUL 17 1980

FORM BH 56067

JUL 18 1980

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Carolina Olson
2. Date of Birth (month) (day) (year): Sept. 18 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah
b. City or Town of Birth: ~~London~~ Moscow Idaho

FATHER

6. Full Name of Father: Andrew H Olson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Hanna Marie Olson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith C. Driscoll
11. Present Address of Registrant: 327 East 1st Moscow Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: October 24, 1980
12. Signature of Notary: Mary E. Wernecke
13. Notary Commission expires: 9-27 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Equitable Life Assurance Soc.	Oct. 28, 1980	June 29, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep. 18, 1900	Moscow, ID	--------	Andrew H. Olson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Evangelical Lutheran Church	Feb. 21, 1903	baptized Feb. 21, 1903

Date of Birth	Birth Place	Full Name of Mother	Name of Father
~~Sep. 18 1900~~	~~Moscow, ID~~	Hanna Olson	Andrew H. Olson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
CHILD'S BIRTH RECORD	IDAHO #300849	DEC. 29, 1980	BORN SEPT. 30, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE. 40	MOSCOW, ID	—	—

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

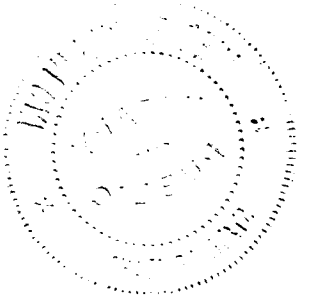
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	FEB 4 1981

FORM BH 56067

DRISCOLL

FEB 6 1981



926-220-039-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-306

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Frances Ison
2. Date Of Birth (month) (day) (year): Sept 20 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Rockland Power; b. City or Town of Birth: Rockland - Idaho

FATHER

6. Full Name of Father: Archa Ison
7. State or Country of Father's Birth: Kentuckey

MOTHER

8. Full Maiden Name of Mother: Martha Jane Ferguson
9. State or Country of Mother's Birth: Kentuckey

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances I. Stocking
11. Present Address of Registrant: Declo RD 1 Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 16 19 78

12. Signature of Notary: Orland E. Patterson
13. Notary Commission expires: 4-10 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Melvin Ison, age 87	Melvin Ison, brother	Apr.17,1979	Apr.17,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.20,1900	Rockland, Idaho	Martha Jane Ferguson Ison	Archa Ison

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Magic Valley Memorial	Feb.14,1979	Patient 1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.20,1900	Rockland, Idaho	-- ---	Archa Ison

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Declo Ward L.D.S.Church	Jan.28,1979	Married Jun 25,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.20,1900	Rockland, Idaho	Martha Jane Ferguson	Archa Ison

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs	cc Florence Curtright	Aug 27,1981

FORM BH 56067

Stocking.

962-22C-028-318

Item #7 amended 7-22-91 MCM

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE85-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Evelyn Ross			2. Date Of Birth (month) Feb. (day) 20 (year) 1900	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Post Falls Kootenai	b. City or Town of Birth: Post Falls	
FATHER	6. Full Name of Father: Stanton Denver Lincoln Ross			7. State or Country of Father's Birth: ~~Idaho~~ IOWA	
MOTHER	8. Full Maiden Name of Mother: Alice Mary Taylor			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy E. Ross (Todd)	11. Present Address of Registrant: 730 W. Tamarack, #7 Hermiston, OR 97838	
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 19 84		12. Signature of Notary for the State of Oregon: Margaret T. Wallace	13. Notary Commission expires: April 25 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own son's birth certificate		By whom issued and signed: State of Oregon	Date Issued: Aug.9,1984	Date Orig. Entry: child born Mar.27,1926
	Date of Birth: age 26yrs.	Birth Place: Post Falls, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: U.S. Census record		By whom issued and signed: U.S. Census Bureau	Date Issued: Jan.24,1985	Date Orig. Entry: June 1900
	Date of Birth: age: 3mos.	Birth Place: Idaho	Full Name of Mother: Alice M. Ross	Name of Father: Stanton D. L. Ross	
SUPPORTING RECORD 3.	Type of Document: Marriage return record		By whom issued and signed: State of Oregon	Date Issued: Mar.25,1964	Date Orig. Entry: Mar.23,1964
	Date of Birth: age 22 yrs.	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: AUG 21 1985

FORM BH 56067

AUG 2 1 1985

12/18/90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

JUL 19 1991

VITAL STATISTICS UNIT

State of Oregon
County of Umatilla } ss.

Certificate No. DE85-128
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Dorothy Evelyn Ross (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb.20,1900 (Date of Event)

in Post Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
item #7 father's birthplace	Idaho	Iowa

Subscribed and sworn to before me this 16th day of July, 19 91

Notary Public, Janet A. Bruce

Residing at Hermiston, OR

My commission expires 2-22-92

(Seal)

Dorothy Todd
Signature of Applicant

207 W. Laird Hermiston, OR 97838
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Census record from June 4, 1900 shows Stanton D L Ross born Feb 1863 in Iowa. Viewed by VS.

JUL 2 2 1991

WA delayed birth certificate shows Bertha Christina Ross born Oct 17, 1883 in Ellensburg, WA to Stanton D L Ross born Batavia, Iowa and Alice Mary Taylor and filed Nov 29, 1945. Viewed by VS.